

DENISE
KENNEDY: Hello, everyone. Welcome and thank you for attending our VA mobile health discussion series webinar. My name is Denise Kennedy and I'm going to run through a few brief technical reminders before we begin the discussion. First and most importantly, please remember to mute your phone lines. We'll be taking questions through the chat but we ask that you stay on mute to eliminate any background noise.

If you're experiencing any technical difficulties, the chat function is available to you at the bottom left of your screen. To respect everyone's schedules, we will keep it moving so the discussion ends on time. Today, we welcome Dr. Deyne Bentt, Clinical Director of Mobile Health Deployment and Evaluation, and Gerry Markowitz, Program Manager with Booz Allen Hamilton.

Gerry will kick us off with the introduction of the Veteran Appointment Request Act and Dr. Bentt will talk about the field test and implementation activity. As I mentioned before, if you have any questions for Dr. Bentt or Gerry, please use the chat feature and we will stop the presentation intermittently to answer those questions. If we don't get to your question, we will send out an email following on this webinar with any answers.

To download the presentation, please click on the paper clip at the top right of the chat screen. And before we turn it over to our presenters, I'm just going to do another reminder to ask you to mute your phone lines, as we are getting some feedback on this line. So if everyone could just take a second and hit mute, that would be great.

OK, with that, we're going to turn it over to our presenter. Gerry, over to you.

GERRY
MARKOWITZ: Thank you so much. Going to wait a minute until the muting begins. Oh, there you go. That's good.

Thank you. So I'm going to talk about the Veteran Appointment Request Act and how that's designed to work. And the first we're going to do, obviously, is we're going to talk about the problem.

And I think most of the people on the line really already know what the problem is. So I'm not going to spend a lot of time on that. But we will spend time on talking about the functionality that's being built and what it can and can't do, when we expect to have this delivered both in a

field test environment and a national release. We're going to take time out to do a real demonstration.

You'll actually see the app working. And then we'll talk about the field test results from a field test that we've already done. And the implementation activity, they're going to be required at all of the VAMCs in order to implement this app. And-- so, next slide, please.

You've heard of all the issues. It's hard to reach schedulers. It's inefficient for the schedulers to answer phone requests on the spot.

One of the reasons it's difficult for them to do it is that screen below where you see the scheduler screen. The schedulers have a difficult time with this whole system the way it's currently constructed. And it's hard to function in that environment.

It's difficult to know the screens. There's turnover in the staff. You can see what's written there-- one clinic at a time, and it takes them multiple screens in order to schedule an appointment.

And the one of the top, that issue about the patients, is that, you know, Veterans don't have to call to cancel their appointments. And a lot of times they don't. And some of the whole idea here is to fix a number of these issues-- improve the ability for the Veteran to request an appointment, improve the ability for the option to make an appointment himself, herself, and to give a function to schedulers that's easier for them to work with. Next slide.

So it's called the VAR-- the Veteran Appointment Request app. That's the name of the app-- the VAR. So if you hear the word VAR, it stands for Veteran Appointment Request.

But it does more than that. You can, as a user, as a Veteran who uses the VA for medical services, you can view your open appointments. You can request an appointment, which means you're going to tell the VA the date and times you would like to get an appointment and then they will go go-- so the scheduler can then look for an available time and get back to you.

And then the third one is the direct patient scheduling. And direct patient scheduling means if you're so disposed, you can open up a calendar and see when open appointments are available. And you can book it yourself just like looking a seat on an airplane.

And that's-- so you can go either way. Depends on how efficient you feel you are with using this app. Next slide.

The other component of this app, if you've got the Veteran side who's requesting, you need a scheduler to be able to respond. So functionality had to be developed for the scheduler side as well and done it in a graphical user interface so that it's easier to function in than the current, old system. It allows them to work with multiple clinics at the same time.

It gives them all the components that they need in order to respond to the Veterans who select the option to request an appointment. And let me explain these letters at the top-- SCV and BSE. SCV stands for Scheduler Calendar View.

That was the original name of this app, which is the scheduler side of the program. And that is being enhanced by what's called just the schedule enhancements. So the original SCV was designed to work with the VAR so that the schedulers can respond. And over the next few months, even this functionality is being enhanced to another level of sophistication that will give more control to the schedulers in a graphical user interface.

And that's what VSE is. It's the schedule enhancements. Next slide. So what are we doing with the app-- this Veteran Appointment Request app? How is it getting put out into the field?

The app-- and you'll see this later when Dr. Bentt talks about the field test that has been completed already. We've now made some adjustments to the app and made some enhancements to it. And we intend to get this app into all of VISN 1 during the month of January. And you'll see later that it's no small walk in the park to implement an app like this. It's simple on the front page. It looks kind of easy to use. Ah, just put in three days and say, OK.

And that's all there is to it. But it's not all there is to it. There's a lot to it. And we'll talk about that and you'll see that when you see the demonstration.

It's also important to note that this release in [INAUDIBLE] for the VAR will only be for the Veterans to make primary care and mental health appointments. We're going to start there and that's most of the appointments that get made. And we will see hopefully the great success that that's going to bring to the table for Veterans trying to make appointments. Next slide.

The direct patient scheduling goes along with that. It's not separate. It's all part of the package.

So when you open up the VAR, you can either request an appointment or you can schedule your own appointment. And that also will be part of the package that goes out to the Veterans in VISN 1 during the month of January. And that will only be for primary care. So primary care will be the focus for the direct patient scheduling.

Next slide. Well, the schedule manager goes along with that, the SCV. Because obviously, you have to be able to respond to the request. So of course, they go hand in hand. And in VISN 1, we will be using the original SCV that was built for the purpose of responding to the Veteran requests for appointments.

It's important to note what it says on the screen. This doesn't do everything just the scheduling does. You know, the scheduler may need to go into this VistA Scheduling to verify a few things. But the main purpose of this screen is for the scheduler to see the requests that have come in and then act on them and respond to the Veteran.

Because you can understand that I could ask for an appointment next Tuesday afternoon and next Wednesday afternoon and next Thursday afternoon, and none of those times are available. So the scheduler needs to do something with that request. They need to respond to it. They need to say, I can't meet your date.

I can give you the following week Tuesday morning. Can you do that? And create a dialogue with the Veteran which is mostly-- which is electronic. Because that information will go back to the Veteran's either smartphone or tablet or whatever they're using. And they will conclude or complete the booking the appointment.

And if they can't even come up with anything, then they just pick up the phone and call. Because it's easier for the scheduler to call the Veteran than it is for the Veteran to call the scheduler who's looking at the request that's being made. And I think you'll see a lot of that when you see the demo. And I've already talked about VSE, so next slide.

We can go do the demo right now. And we're going to ask for questions in a second. But just let me point something out. This demo that you're going to see takes 12 minutes-- so the full fledged presentation of what is in the app and how it works. So we can break down and see if there are any questions.

DENISE
KENNEDY:

Great, Gerry. Thanks. We do have one question here and this may be something you want to deflect until later on. But the question is, at some point, can you discuss the linkages between

BAR, Mass, and other scheduling systems?

GERRY
MARKOWITZ: You have to think of this as a pretty standalone system. This stands by itself. There's the mobile app.

And the reason it's a mobile app is because it works on a handheld device-- a smartphone, an iPad, an Android device. It'll even work on a desktop, actually. The app is really-- it's not the kind of an app that you download to your phone. Like, you don't go to iTunes and download this app.

You go to the VA app store and you execute the app on your device. So this is standalone. It is a way for the Veteran to create-- think of it this way. The VAR generates a message that goes to the scheduler at the VAMC that the Veteran is associated with where he has a PACT team-- Patient Aligned Care team. And they respond to that Veteran and they book his appointment. And that's how-- it's not interfacing to anything-- [INAUDIBLE] not interfacing anything other than when they do patient during scheduling, it actually connects to VistA and finds the available appointment slots for that Veteran.

DENISE
KENNEDY: Great, and we have a couple of other questions before we go to the demo. Amy asks, is it tied to PCMM in different ways of-- sorry, I lost my place here. So patients only see the available appointments for their assigned primary care team is the question.

GERRY
MARKOWITZ: That's correct. Patients will only see the available appointments for their assigned primary care, correct.

DENISE
KENNEDY: OK, and then the next question is from Brian. And he wants to know why have two different scheduling options for Veteran side direct versus--

GERRY
MARKOWITZ: I'm going to give an answer and then I'm going to ask Dr. Bentt if he wants to modify my answer in any way, shape, or form. The answer is because everybody doesn't want to do everything. We're giving people the option as to whether or not they want to go look through a calendar of dates and try and book their own appointment or if they just want to make a request and I have the scheduler do it for them. That's all.

It's an option. You take your pick. You can either request an appointment or you can try and book your own appointment. Different strokes for different folks and we're getting the option. Do you want to add anything to that, Dr. Bentt?

DEYNE BENTT: Sorry, I completely agree in that if we only gave direct scheduling as an option, then that will take care of the needs of some Veterans. However, as you mentioned, not everyone wants direct schedule. Some want to have assistance with that.

So that gives more flexibility to the Veteran. But it also gives more flexibility to the clinics. Some clinics, even though they would like their patients to take advantage of the mobile technology, they would not want to have, because of the way that clinics are set up, they would not want to have Veterans directly scheduling into them. So it adds flexibility both on the Veterans side and on the staff side.

DENISE KENNEDY: Great, and we had a lot of questions coming in. So I think this is a natural time to play the video. We'll capture these questions and then we'll do some Q&A as soon as the video is over. With that, we will broadcast the audio through our speaker here. [INAUDIBLE] your phones on mute and we'll get started.

GERRY YouTube is not responding.

MARKOWITZ:

PRESENTER: Welcome to the Department of Veterans Affairs Veteran Appointment Request mobile app training webinar. My name is Nathan. I will be demonstrating the features of the app as well as how to use it. This webinar will help Veterans understand how to use the app and will enable VA care teams to understand the app from the Veteran's perspective.

This will help ensure that patients and care teams can effectively communicate about the app. The Veteran Appointment Request app, also known as the VAR app, allows patients to submit a request for a VA scheduler to schedule certain types of appointments. Patients can designate their preferred times, dates, locations, and providers for the appointments and requests.

Patients will be able to check the status of their appointment requests within the app. They can also choose to receive notifications via email when their appointment status changes. In addition, Veterans who have a Patient Aligned Care Teams, also called a PACT, will be able to use the app's direct patient scheduling feature.

This allows them to view primary care appointment times that are available within their PACT and directly book those appointments. Patient can also cancel any appointment they have directly booked or requested through the VAR app. It is important for users to understand a

few key points about the VAR app.

The app is not to be used for emergencies. Veterans should always dial 911 or call their local VA facility if they need urgent care. Only Veterans who are enrolled in VA health care and have a DS log on level two premium account can use the app.

Additionally, the appointment request and direct scheduling features are only available for VA facilities where the patient already has a relationship or receives care. While any enrolled Veterans with a DS log on account can create an appointment request, this feature is only available for primary care and mental health appointments. Additionally, only Veterans with a Patient Aligned Care Team can use the direct scheduling feature and this feature is only available for primary care appointments.

Let's move on to demonstrating how to actually use the app. VAR is a web based app, which means it runs on a device's internet browser and is available on iOS, Android, and Windows operating system. It is available from the VA app store located at <https://mobile.va.gov/appstore>.

Veterans can also access the VAR app from the VA Launch Pad for Veterans mobile app. This is a method we recommend for anyone already familiar with the launch pad. If users are not accessing VAR from the launch pad or they're not already logged into the launch pad, they will be prompted to enter the DS log on level two premium account credentials. The first time users log in, they will also be prompted to review and submit any additional forms of documentation the VA needs in order to access and display their medical appointment information.

When users log into the app, they will notice three main navigation sections-- an app menu, a user menu, and the VA appointment home screen. We will cover the menus later and start with the home screen. The four buttons on the home screen allow Veterans to schedule an appointment, view or cancel appointments, manage updates and notification settings, and access information regarding how to begin receiving VA medical services. Let's go over how Veterans can directly book their own appointment or request that an appointment is booked for them. Veterans will start by clicking the Schedule an Appointment button.

This brings us to a screen with a menu of options that allows them to schedule their own primary care appointment, request a VA clerk to schedule a primary care or mental health appointment for them, or book an appointment by phone. Veterans who have an assigned VA

primary care team or PACT and wish to book their own primary care appointment will select the button that reads Schedule Your Own Primary Care Appointment on the clinic calendar. They will then select the facility where they would like to book the appointment.

Next, users will select the specific [INAUDIBLE] where they need an appointment. They can then enter a brief description as to why they need the appointment. And they will use the pop up calendar to select their request appointment date. Then select the email.

GERRY So we had a technical difficulty there. Can you all hear us at this point? I can now. Great.

MARKOWITZ: We're going to turn the video back on. Thank you.

PRESENTER: I'm selecting the Cancel button to return to the home screen. Now let's go over how to request an appointment for those patients who would like a primary care appointment but do not have a PACT or any patient who would like a mental health appointment. From the home screen, users will again select the Schedule an Appointment button. On the following screen, however, users will choose the button-- they will request a VA clerk scheduled a primary care or--

PRESENTER 2: --plan of care. Discuss options with your provider [INAUDIBLE] health care team about the follow up will be for your care. Be sure you understand the instructions for your follow up care.

DENISE Excuse me. We're getting--

KENNEDY:

PRESENTER 2: Procedures are to be scheduled--

DENISE We need somebody to put their phone on mute please. Thank you.

KENNEDY:

PRESENTER 2: Name of the facility, search results, as well as recent facilities will appear. Next, users will choose whether they would like to book a primary care or mental health appointment. You will note that I can only hold both a primary care appointment because I already have two pending mental health appointment requests.

Users can only have one primary care and two mental health appointment requests in pending status. After that, the VA must process the request before additional requests can be submitted. I want to book a primary care appointment. So I select primary care option.

Next, users can choose the preferred provider or leave instructions for the scheduler if the

desired provider isn't listed. Users must also select a type of visit and purpose of visit.

Veterans can then select up to three preferred dates and times of day.

Any additional information can be entered in the message box. This is not a chat function.

Schedulers will receive the message with the appointment request and will respond in about [INAUDIBLE].

The next two steps are very important so that any VA clerk can contact the patient if there are any problems scheduling their requested appointment. Patients must enter the phone number they would like the scheduler to use to contact them. Patients will enter the number twice to ensure accuracy and then select the best time for the scheduler to call them at the number provided.

Users will select the review button to review the information they have entered. On the review screen, users will select the Submit button to send the request or Edit to revise the information. I see that the information provided looks correct.

So I will select Submit. Returning to the home screen using the app menu, users can also choose to simply request a call from a scheduler to discuss scheduling options. Here at the home screen, users will again select the Schedule an Appointment.

On the following screen, however, users will select a third option-- book appointment by phone. The process for Veterans to request that a scheduler call them is very similar to the process for requesting that a VA clerk schedule a primary care or mental health appointment, which we just explored. The main difference is that here, users will not specify a clinic, provider, appointment type purpose, or requested date because they will discuss the details with the scheduler when they call them.

Users will still review and submit a request after entering the required information. However, here you'll see that because we just scheduled a primary care request, I'm not able to do any of this. So let's take a look at some of the other features in the VAR app, starting with the app menu. This is accessed from the button with the four horizontal lines.

I'm using that button to return to the home screen by selecting the Home button. You'll notice that the options in the slide-out app menu correspond to the options on the home screen. We've already covered the scheduling features.

So we'll take a moment to review other options. The view/cancel appointment button allows

Veterans to choose a facility and view their future appointments. For appointments that were made using the direct scheduling feature of the VAR app, users can select the X button associated with an appointment to cancel it.

Users will need to select a reason for cancellation and can also enter any additional notes. The Request Update to Notification Settings button allows Veterans to review the status of their appointment request and choose whether they would like to receive status update notifications sent to their email address. So if I wanted to cancel this appointment, I would just select it and click Cancel, then confirm.

And now we can see that the appointment has been cancelled. Scrolling to the bottom of this page, users can adjust notification settings to enter an email to receive updates, and then select the Save Preferences button to save their preferences.

We've now explored all the options in the app menu. So let's move to the user menu. From the user menu, they can also access the user guide for the app in a separate window by selecting the About button and then the user guide link.

In addition to the user guide, patients can access additional training material from the VA Mobile Training web page located at <https://mobile.va.gov/training>. Veterans who need technical assistance for the Veteran appointment request app can also reach the help desk at 1-877-470-5947 Monday through Friday between 7:00 AM and 7:00 PM Central time. That concludes the webinar training on the Veteran Appointment Request mobile application. Whether you are part of a VA care team or a patient, we hope that you now have a better understanding about what the app has to offer and how to use it. Thank you for your time.

DENISE
KENNEDY:

Hey, everyone. Thank you so much for your patience. I know that we've lost a little bit of the audio there. Hannah has pasted the link to the YouTube video that you can view on your own.

And we thank you for your patience with that. We have a lot of streaming questions coming in. I'm going to take the first few questions. Then we'll turn it over to Dr. Bentt and then we'll come back and answer what we can.

And if we don't get to it, we will send out a message following this. So with that, I'm going to go ahead. And Gary and Dr. Bentt, if you two can decide and conquer on the fly here who's going to answer some of these questions. OK, so the first one is, if a primary care provider has both a face to face clinic and CVT to home clinic, will the virtual CVT clinic show up as a clinic

scheduling option?

DEYNE BENTT: I can take that. So yes, this functionality is not there currently. But in the future versions of the application, we intend to include the ability to select the type of clinic appointment, Whether it's in person versus telephone versus clinical, video, Telehealth, et cetera.

DENISE KENNEDY: Great, thank you. Is here a way for a general patient preference for days and times can also be captured-- also how they prefer to be communicated about their appointments?

DEYNE BENTT: I can take that. Yes, this is actually a current feature of the application where the patient does input three date and time preferences.

DENISE KENNEDY: OK, great. Would this app later include the ability to do Telehealth, i.e., video appointments?

DEYNE BENTT: Yes, I believe that that was answered in how to conduct the actual video appointment. If I understand correctly, that is what this question is-- whether you can, with the app, conduct a video appointment. Clinical video appointments are being developed on a separate development schedule. And cooperation with this application may occur down the line, but that is currently a separate development.

DENISE KENNEDY: OK, great. And we'll see if the audience member has a follow up to that in our next iteration. The next question here is, can the vested Veteran schedule an appointment with their PACT team without a return to clinic order?

DEYNE BENTT: So the way this is-- the VAR app is designed for patients who are already established in a primary care team and are trying to schedule a follow up appointment. So I think that answers that question. If they are not registered with a PACT team, they cannot schedule a first time appointment through this method. But any follow up appointments, they can.

DENISE KENNEDY: OK, and we just have a couple more, Dr. Bentt, before you get started on your part of this presentation. And feel free to defer anything that you're going to cover as we get through here. Where are the policies and business rules reported? For example, how is it made know to Veterans such as you have x number of pending appoints, you cannot book another appointment, and so on?

DEYNE BENTT: Not sure if there are policies documented. In the design phase of the functionality of this application, the determination was that Veterans can only have one appointment currently

scheduled through the application with primary care or mental health. And the application will warn them if they try to schedule another appointment that they already have one in place and that's their limit.

DENISE OK, and one question is how are you securing this information as it is transmitted to VA.

KENNEDY:

DEYNE BENTT: I defer that to Gerry.

GERRY The question is, how is this--

MARKOWITZ:

DENISE How are you securing this information as it is transmitted to VA is the question.

KENNEDY:

GERRY The answer is, first of all, the Veteran has to log in with their DS log on. A question about My
MARKOWITZ: Healthy Vet-- you don't use your My Healthy Vet log on to get into these mobile apps. You use your DS log on. And when you're logged into the system and you go through the DS log on process, you have now created an encrypted path between your device and the VA server that's managing this app. So that's how it's protected.

DENISE Great, and as I mentioned, we have a lot of other questions. But to keep within the time, Dr.
KENNEDY: Bentt, why don't we turn it over to you and then will come back at the end and try to answer some of these other questions as they're just piling in here?

DEYNE BENTT: Sounds great, thank you. What I will do now is tell you about the field test that was conducted in the summer. Part of the application development life cycle involves field testing where you actually do a small sample real life test of the application with the end user to test the end to end functionality of the application and to uncover any unexpected technical or logistical district or other issues so that you can fix those before general release.

So we did conduct the initial field test of this app in the summer. And we also were able to run simultaneously a usability study where the actual Veteran interaction with the application was study as opposed to the technical end to end functionality of the app. For this-- next slide, please-- we were happy to partner with the VISN1 facilities.

We were looking for a multi-site test where we could have sites of variable complexity and organization of the VistA system. So in VISN1, we were able to find four sites-- Boston,

Massachusetts, White River Junction, Vermont, and West Haven, Connecticut and two community based outpatient clinics as part of the Manchester, New Hampshire system-- that provided a large site, a medium site, small sites as in the outpatient clinics, and also a site that has an integrated VistA, meaning that whereas most of the VISNs. Each of the hospitals within that VISN has a separate VistA installation, Boston has three medical centers in their systems that have a single VistA servicing their network. Next slide, please.

So that is the answer to where we did this field test. Who did we-- how did we recruit the Veterans that participated in this test? So we needed Veterans that were registered in the participating clinics. First of all, as I mentioned, this is a field test.

So we didn't use-- excuse me, sorry. We didn't use-- this was not a field test for the complete systems hospitals in VISN1. We selected four of the facilities and we made a selection of certain clinics within each of those facilities.

So we had roughly 13 clinics spread across four medical centers. So we needed a selection of patients who are registered in these clinics. As I mentioned, Veterans can only make appointments using this application if they're already registered. We needed patients registered in those 13 clinics. And we needed them to require appointments within the few months following the beginning of the field test. So this is where we're not trying to make appointments that weren't needed by the Veterans. We were using the Veterans who, in real time, real life, needed appointments within the two months following the start of this field test.

As Gerry mentioned, in order to authenticate into this application, the Veterans needed the premium level DS log on credential, which is obtained through the Department of Defense. So those criteria for Veteran selection created its own challenge to this field test. Next slide, please.

One of the problems we anticipated was getting enough patients in this test to make it a valid study. We ended up with roughly 800 patients that we were able to extract from the recall list for these four clinics-- and patients that need appointments in the upcoming months after the beginning of the test. From those 800 patients, we had-- roughly you can see the dropout rate in this slide where a significant number of them declined to participate.

Some of them had already made their appointments. Some have no internet access and there's four could not participate. And then we have a smattering of other reasons such as the numbers that we had for these Veterans. They were disconnected, they were blocking calls, or

they simply, when we called the number, the response was that such and such a person was not at that address.

Next slide, please. So even though we had almost 1,000 patients that we had our list to try to recruit for this test, we ended up with a small number, 25, who successfully completed the field test and were able to book their appointments through this application. We had technical challenges with this application in field tests. These are expected and have been catalogued and have either been rectified or due to be rectified in future applications, future versions of the application.

A third challenge that we have is with this department of defense authentication through DS log on. We are Department of Veterans Affairs. DS log on is a DOD authentication, which means that it is essentially out of our control the administration of this application, of this authentication.

So not that many Veterans actually have this authentication. And so they have to go to a Department of Defense website to apply. And there were-- one of the things that we did get out of this test was an evaluation of how easy or not it was to obtain a DS log on credential. But the technical problems that were encountered by some of the Veterans who try to not only register for or eventually use this DS log on were out of our control to rectify.

So that [INAUDIBLE] sends the challenge and means we are looking at other methods of authentication for Veterans to use this application as they move forward to the future. Next slide, please. So as I mentioned, we had 25 Veterans complete the process, many of them with some form of difficulty.

But what we did get out of that was that the process does work in some cases. The problems that we encountered, we have many-- most of those resolved as we further develop the application. And the others are in the pipeline.

The DS log on acquisition evaluation was fairly positive. We were informed that Veterans should be able to get this, once they apply to receive their DS log on credential within hours or at most a day or two. And we found this to be true.

We were also able to get some qualitative results from a questionnaire of the Veterans who completed the process. Next slide, please. And so one of the first questions that we are able to get information on was this overall satisfaction with the Veteran appointment request app. And

here, we can see that if we look at the blue and green sections of this pie chart, roughly 70% of Veterans who completed the tests were satisfied with the application.

Next slide, please. From this slide, we can see that roughly the same number, about 75%, would recommend to other Veterans. Next slide. And here, we see that when they asked whether they felt that the application improved the sense of access to care, we have about 40% who agree. In the next slide, when they were asked, in the perfect state in the future, if the app works as designed, the question was, do they think that this would improve the sense of access to care in the future? And we can see that roughly 90%, 95% of the Veterans who completed the process agreed that this was a good idea for future access to care. Next slide-- back to you, Gerry.

GERRY
MARKOWITZ:

OK, you have to realize how complicated it is to implement this application on top of a very complicated scheduling environment that is different at every location. And therein lies the crux of the problem. So a lot of these questions that we got about, well, what about this type of appointment?

What about that kind of appointment and this other kind of appointment? And all those things have different parameters and issues associated with them. So we're taking this basically one giant step at a time with this.

And-- because you can see the multiple components that have to be pulled together. So we're starting with VISN1 as we said. And we'll on the other VISNs, ones that VSE, that VistA Scheduling enhancement is operational. But we're going to start training all of the planning and training for all of the VISNs in the first quarter of next year.

Because on the next slide, this is all the things that have to happen in order to implement this app in a VAMC. And the number one thing on the list you can see is identify all the clinics that will be included. And that's not as simple as that looks.

Because clinics mean different things in different VAMC. And some places, they're individual physicians. And in some places, they're groups of physicians.

And there's a varieties of different ways that those clinics get set up. And based on how they're done, there's a variety of tables within the application that need to be set up to ensure that we've covered all of the various clinics and PACT teams. There's patches, local patches, to the local VistA system that need to be made because the system connects to and integrates with

VistAright at the local site.

And then, of course, you've got all the local staff that need to be trained. And, well, it's not that. It's the local staff we need with DS log on. Because in order to do the training appropriately at each location, we need people on staff, basically. Not necessarily scheduling staff, but people available to the schedulers there so that they could use their DS log on.

We need Veteran employees with DS log ons at each site so that we can help the local staff become familiar with how this operation and how these apps work. When we did the original VAR-- we did a VAR about two years ago, a precursor to what you saw today. And we did it at the VMC in Washington, DC.

And we're very lucky because a number of the schedulers in DC were Veterans and they were using the local VAMC for their health care and they all had DS log ons. It was a completely unique experience, but it helped everyone create transactions and make requests and then go look at the scheduler side of what they were requesting and respond to it. And they came up to speed very, very quickly.

If we don't have that in place as we move forward throughout these other VISNs, it just makes it a little bit more difficult. So that's another component. And then, of course, you have the next bullet, which is the training of all these schedulers so they understand how to use the app, how to respond to the Veterans, how to contact the helpdesk that's specifically been set up to support this app. And then, of course, you go to a VAMC and then some of the [INAUDIBLE] have schedulers on their premises.

So all of that needs to be planned out at each individual VAMC. And then, and this is another point, which is that determine the marketing plan. We use the term marketing plan. What does it really mean?

It really is the deployment plan. There is no way, OK, we're going to invite every Veteran at every VMC at the same time to use this system. We'd be crazy to do that because somebody already asked the questions.

How do you know what the impact is going to be on the staff? And the answer is, we don't. We don't know how many people are really going to try and use this. So we have to roll it out one clinic at a time just to make sure that we don't shoot ourselves in the foot.

Because some of these places, they handle thousands of people. And if we over advertise and

we're not prepared to deal with the volume of activity-- because, like, that other person asked the question earlier today. Why do you have requesting an appointment in addition to booking appointment yourself? Well, you can request the appointment if you don't have [INAUDIBLE] team.

But we don't know how many people are going to do that. We don't have a clue. We'll see. We'll find out.

And the only way we're going to protect ourselves is to make sure that we don't tell everybody at a particular VAMC that they're able to use this. We have to roll it out one step at a time. And the people who can best make that decision are the people who are there at the local VAMC.

DENISE Gary, is Denise. We have about five minutes left and I know we have a few questions that we
KENNEDY: probably want to get answered. Just giving you the five minute warning.

GERRY OK, well, I think I'm at the end, to tell you the truth.

MARKOWITZ:

DENISE Excellent, excellent. Well, with that, let me take some of these questions again. And you and
KENNEDY: Dr. Bentt can decide who answers them. Is there a way to run reports on request pending?
And also, will the scheduler get an alert that a request is pending?

DEYNE BENTT: So I can take that. The staff version of the application has a display of all the requests that
come in from Veterans. So they spend their days in front of computers scheduling patients.
And they will have their version of that app open so that they can see the pending requests
and act on them.

DENISE Great. Thank you. The next question is from Thomas.

KENNEDY:

He wants to know with every system, there is some degree of staff monitoring and
maintenance. How much will be expected of front line staff behind the scenes? Do we have
any indication on a volume?

GERRY Well, I thought I pretty much said it. No, we don't.

MARKOWITZ:

DENISE OK, great. Thanks. How will this integrate with federal credentials?

KENNEDY:

GERRY That's a big question. And that goes back to really a question with respect to all the mobile
MARKOWITZ: apps. Right now, all the mobile apps are designed to use the DS log on and only the DS log on.

And there's work in process now to figure out how to change that so that there can be multiple ways that Veterans can use different methods to identify themselves securely so that they can log onto the apps. That's in process. I don't have a total answer to that question.

DENISE Great. And Michelle wants to know. Do you have to have recall clinics to implement?

KENNEDY:

DEYNE BENTT: [INAUDIBLE]

GERRY Go ahead.

MARKOWITZ:

DEYNE BENTT: Well, the answer is no, essentially.

GERRY And I mean, the recall is handy, OK, in that it gives you an idea of all the patients who have
MARKOWITZ: upcoming appointments or that need upcoming appointments. And you can directly sent letters out to them, for example. But that doesn't mean that those are the only people that you would look for.

DENISE OK, and then just a couple more here. If a Veteran chooses to use the app to cancel an
KENNEDY: existing appointments, will that information flow through the existing audio care slash VistA mail message process?

DEYNE BENTT: Well, the app interacts with VistA. So when the patient directly schedules an appointment through the application, it is registered in VistA so that the regular scheduling interface to the VistA roll and scroll will display that application. So when they cancel an application through the app, that is also cancelled in VistA. I hope that answers the question.

DENISE Great, thank you. Is the mobile service help desk separate from the national help desk?

KENNEDY:

GERRY Yes.

MARKOWITZ:

DEYNE BENTT: Yes.

DENISE KENNEDY: OK, and last question. On [? 520 ?] it states that the planning and training for all VISNs will begin in Q1 2016. Can you clarify that date yet?

GERRY MARKOWITZ: The concept, the idea, is that once we start using the app in VSN1 and we get the absolute handle on that last slide, which was all the things that need to be done, we're going to start publicizing that information out to other VISNs so that they understand what their future commitment is going to have to be to implement this app. Because as soon as that VSE component is done, which should be during the first quarter of next year, we'll be able to start the roll out process. But we can't start the rollout-- we just can't walk in the door and say, hi, we're ready to run the VAR.

How about you? We want to give them time to absorb, quite frankly, the effort that they're going to need to expand in order to implement the VAR in their location. And I don't want it to be a surprise.

You know, here's-- this is the rollout schedule. We have to build one. We have to figure out what's the next VISN, who's going to put up the effort that's required. Are we going to have the proper resources we do all the things that we need to do that were on that list on that last slide? So I'm not going to say that I can give you a better date other than to say, you know, we're going to start the process of planning the deployment using VSE. We're going to start that in Q1.

DENISE KENNEDY: Excellent. Well, we are right at 3 o'clock. I do know that there's a couple of questions about My Healthy Vet integration, about text messaging, and such that we did not get to. But we do promise on our end to send out a communication to those questions and get you guys some answers.

We want to be true to everyone's Friday afternoon an end on time. First, thank you so much to Gerry and Dr. Bentt for a great presentation. Obviously a lot of questions and a lot of really good dialogue here.

For those of you participating today, please don't forget to take our short questionnaire and let us know what you thought of today's presentations and what topics you would like us to cover in the future. Additionally, the mobile health website, mobile.va.gov, will have the archived presentation online so you can check out there as well as check out the video that's on

YouTube as we posted it on the screen. And we'll send out a note with that link as well. So thanks, everyone.

I hope everyone has a great weekend and a great holiday season. Until next time, we're going to sign off here from DC. Thanks so much.