

VA Mobile Discussion Series Patient . . . -

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DENISE KENNEDY: Hello, everyone. Thank you for joining us today. It is about two minutes until 2 o'clock and we will be starting at 2 o'clock, so just sit tight and we'll be with you soon.

And we still have a few people logging on, so we're just going to give it one more minute and then we'll get started. Thanks for your patience.

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. Your phone lines are muted, but we will be taking questions through the chat feature. The chat is at the left-hand side of your screen.

So if you need anything or have any technical difficulties, please use that function. And let us know, if you can't hear us or if you're having any issues.

Before I introduce our guest, I just wanted to those of you know, who are not here on the West coast, that we are doing this from a snowy D.C. We're hoping for a glitch-free experience, but everyone that is facilitating is remote. So please bear with us, if we have any challenges. And I'll chime in and let you know if we just need you to be patient for one second. So thank you for that, as we've just started our potential blizzard.

To respect everyone's schedule, let's keep this moving so the session ends on time. Today, we welcome Dr. Shaman Singh, Clinical Lead for Connected Care, and Gerry Markowitz, Project Manager for Booz Allen Hamilton. Dr. Singh is going kick us off today with an introduction of the Patient Viewer.

As I mentioned before, if you have any questions for our presenters, please, use the chat feature. We will stop the presentation intermittently to answer those questions. If we don't get to your question, we'll send out an email, following this webinar, with any relevant answers. To download the presentation, please click on the paper clip at the top right of the chat screen. With that, I'm going to turn it over to our presentors-- Dr. Shaman Singh.

DR. SHAMAN SINGH: [INAUDIBLE]. So my name's Shaman. I'm a hospitalist at the Washington, D.C. VA, but I also work in this newly formed office of Connected Care. So as you mentioned at the start, we're introducing Patient Viewer here to you all. Some of you on the call today have been one of the over 10,000 recipients of the iPads that have been distributed to over 40 sites across the country.

And you may actually be one of our volunteers to begin field testing this app in the coming months. So with that in mind, I'd like to start off with a message to our field testers from my boss, Dr. Neil Evans. So we're going to go to the next slide.

[VIDEO PLAYBACK]

-For the Veteran's Health Administration. I'm really excited that you are going to be one of the early users of the Patient Viewer application. Mobility is changing many industries-- mobile applications and mobile devices-- and health care is no different. We spent over a year creating this app for you, to allow you to have secure access to data from VistA CPRS on your VA issued mobile device.

Now the Patient Viewer application-- it's not a full replacement for a CPRS. It doesn't do everything that CPRS does, but it sure does an awful lot. Most of the data that you can see in CPRS-- progress notes, vital signs, laboratory results, medication lists, consults, et cetera-- you can write a progress note back to CPRS-- you can write it in the Patient Viewer application and it'll be saved into CPRS.

You can see orders that have been written on your patient. And in a future version of the Patient Viewer application, you'll also be able to place orders. I would encourage you to use this application in your daily work. Use it-- whether you work in the clinic, in the operating room, whether you're on the wards, whether you're doing the home visits. In fact, even use it at home, using the data services on your VA-issued mobile device or a Wi-Fi network that you can connect to with your device.

We'd like you to use the application and then give us your feedback. We'd like to learn what worked well for you. We'd like to know your suggestions for improvement because we want to continue to improve this product for you. I'd also encourage you to access the training materials, right here on mobile.va.gov. There are several more videos, which will provide you with detailed training in how to use the application and other materials that are available for your use.

Again, we've created this application for you, to help you as you take care of your patients. And we ask for your help now in providing us feedback to help us continue to make this product better. Thanks a lot for your help.

[END PLAYBACK]

DR. SHAMAN SINGH: That was a little bit choppy than I was expecting, but I think everybody got the point from that. So let's go onto the next slide. So just to kind of give you a little bit of my background-- so back in 2007, I was one of those first gen iPhone users. And I was a resident at the time in San Antonio at the Audie Murphy VA Hospital.

And I used my iPhone all the time. I put the call schedules in there, I put all the numbers of the hospital in there, I used it to pull up videos to educate patients, I would do some dictation-- non-PHI and PHI-- and I would send that over to Dragon to transcribe it. So I really started to utilize it more and more.

And starting in about 2011, with a fourth generation and fifth generation iPhones, I found that you could use Citrix Receiver on your iPhone to get in, launch your virtual desktop, and actually get access to CPRS from your iPhone. And a lot of you might be thinking, why would you even bother doing that from an iPhone? It's a small screen. Just use a computer.

Well, I work at D.C. VA hospital and I'm on the wards. And our team rooms-- we have about eight or nine people on our team sometimes and only six computers. So I use my phone a lot. I was absolutely thrilled once we got these government furnished iPads with cellular connectivity. And like I said, over 10,000 people across our country, as part of the VA, are able to use their iPads to get access to CPRS.

That experience with Citrix isn't ideal. It's a challenge to Pinch and Zoom, ensure that your taps are accurate and precise for the information you're trying to interact with. And we all have experienced the pain and suffering with Citrix connectivity and reliability sometimes. Even though you're interacting with our EHR with this CPRS from a mobile device, that's obviously not a mobile experience.

And it's certainly not optimized for, what they're calling now, those mobile moments of interactions that we're so accustomed to with the apps that we use on our personal devices throughout our personal lives. So realizing that gap-- there was an innovation effort that was started years ago, with the purpose of designing a mobile application that can connect back to this stuff, and allow staff to consume patient data from mobile devices, and really enhance that patient provider experience at the point of care.

So on slide three, you can see that you're going to have access to patient data, like allergies, vital signs, problem lists, surgeries, hospitalizations, future appointments, laboratory and radiology results, progress notes, ability to actually enter free text notes under whatever note title is available with your particular instance of this CPRS.

And you'll be able to do this wherever you are. So you can do this during meetings, waiting in line to get coffee in your lobby, if you're in the elevator between floors, walking from one ward to the other. If you're a provider and you're at the University Hospital, and you're making your way over to the VA hospital. You can do this on your drive home-- obviously hopefully, you're pulled over to the side of the road or in a parking lot. Really, wherever you are. So let's go to slide four.

So in a couple moments, we're going to show you a walk through video touching on many of the functions of the app, but this is a brief snapshot of what your opening screen would look like. On the top left here, you have your Patient Search with the magnifying glass. Some patient details can be accessed when you tap on the patient's name there, off to the right.

All the way up on the right hand side is a folder with these two arrows. That launches you into the flip side version of the app. Just consider that to be the backside version of the app where-- what we're looking at right now is this patient centric view. If you tap on the flip side, it gives you a provider centric view. It lets you access a task list for documents that you haven't signed yet.

You'll see the four horizontal lines there, by Cover Sheet. That's what's referred to as the Hamburger icon. It's a ubiquitous feature on a lot of mobile apps. It launches a menu. From that menu here, you can see you have access to cover sheet vitals, medications, documents, consults,

labs, radiology, the ability to look in an About section for the app, a link to the launch pad of other VA-developed apps or even to log out.

On the right hand side, you'll see the Orders Clipboard icon. That gives you an orders view for laboratory, pharmacy, and radiology orders. And next to that is an icon. That's the note and pencil icon. That allows you to do the free text note entry. Let's go onto slide five.

So the design's come a long way. This is the design of what the Patient Viewer app actually looked like back in its innovation stages. So it is progressing. And we hope, with some further input from our field testers and once we do release this, enterprise wide, that we're able to garner more feedback to further refine the look and feel of this app. Slide six.

And just to kind of orient you-- when you're looking at the app in a tablet perspective, there's really two major panes that you're looking at. On the left-hand side is where you'll have a lot of your filtering options. In this case, for vitals. By date and whether or not you want to see it in a table or graph view. And then the right-hand side is the pane that actually presents you the detailed informations for whatever you have selected.

So before we go through that walk through, I'd like to turn it over briefly to Gerry Markowitz, who's our project manager from Booz Allen Hamilton. And he's really been instrumental in getting Patient Viewer to progress through any and all of the challenges that we've had in the past couple years, even since long before I joined Connected Care, really. He's really been instrumental in getting this app game-ready for those of us who want to use it to augment that provision of patient care that we're providing. So with that, let's go onto slide seven. And Gerry, you can take it away.

GERRY MARKOWITZ: Thank you, Shaman. But I'm going to stop before I do that and answer the couple questions that came through on the chat because they are important questions. What keeps people from installing this on non-VA issued devices? And the answer is there's nothing to install. This is a web app. You don't download it, you get to it from a link. And therefore, there is nothing to install.

So the only way you can run it, however, is you have to be behind the VA firewall because it requires authentication and it uses VistA authentication. The users log into this app using access verified code and locations, just like they were logging into CPRS or VistA. So that is how this app is designed to function-- behind the VA firewall, using any VA-issued device, or any VA device that can connect over the virtual private network.

So you have to be VPN connected, or inside the VA, or on the VA Wi-Fi inside a facility in order to use this. And when folks are using it remotely, which means they can take it home with them and they could use it at home, then they're going to have to connect using AnyConnect and have that secure tunnel created between themselves and the VA in order to use this app.

What happens if iPad and iPhones are no longer allowed or supported on the VA network? This is not important because the app, as I said, is a web app and it's designed to work on web-based browsers-- Safari on the iPad, Chrome on an Android device. It works on a desktop, using

Internet Explorer. So if VA decides to put out Microsoft Surface Pros as tablets for providers, the app will work just fine on there because, once again, it's a web app.

And the last question is, what information is kept locally on the device? And the answer is zero. Nothing. There is nothing from the device with this app. Everything is what you see through the browser and nothing persists or remains on the device when using the browser.

DENISE KENNEDY: And Gerry, we've had a few more questions come in, if you or Dr. Singh want to take those. The first one is, what happens if someone is over their shoulder while they are viewing patient information?

GERRY MARKOWITZ: Well, some people are going to take that security the test on the-- they have to know to not do that. You have to be careful with this, just like you have to be careful when you're using a desktop.

DR. SHAMAN SINGH: I mean, the over the shoulder viewing of information-- we have COWs, WOWs, BCMA, carts, computers at the nursing station, computers in the physician offices with the door open. And so it's really up to the user to really protect who else can see the information when they have it in the palm of their hand.

And I would actually posit that holding a tablet gives less of a viewing angle than a lot of our COWs, WOWs, and desktop stations at the nursing stations, or BCMAs would ever provide. So it's probably less of an issue for most people unless they have poor eye sight and they're putting up to their eyes-- two feet away, in front of them. Some of the other questions. Let's see.

Does the Patient Viewer recognize speech as provider input? No. We are working on the ability to integrate Nuance SpeechAnywhere as a service with Patient Viewer. And this might be a little bit more technical than some of you might like, but the native speech to text capabilities on any tablets-- Google or whatever-- it goes back to their servers. And conceivably, that could have PII and PHI in there, so we would not support what all of us have, natively, on our smartphones-- that capability to do speech to text.

We really require, in order to do that, a solution that sends that clip of speech or that audio file to a server within the VA network, which Nuance SpeechAnywhere, as a service, would do, seeing as how we have them on a national contract to provide our desktop speech recognition software. And so that would be the solution for speech that way. Let's see.

DENISE KENNEDY: One of the other questions is, does this have to be on VA wireless? And does it require VPN?

GERRY MARKOWITZ: This is Gerry. I thought I tried to explain that. The answer is, if you're in a facility, you connect with your GFE iPad and use the local wireless. Well, you are, therefore, on a VPN. When you're outside of the facility, once again, you have to accomplish the same thing. You have to open up AnyConnect on the iPad and make that connection from outside.

And then you are, once again, on what's called a virtual private network tunnel between your device and the VA. So you always have to be on a secure connection to the VA, whether you're in the building or outside the building.

DENISE KENNEDY: Great. Thanks for that. I think there's a couple of questions here that that seems to answer. Are you able to see the information from all VAs? And the sharing the VAs, is that similar to VistAWeb? Or is this for local info only?

DR. SHAMAN SINGH: This is for-- go ahead, Gerry.

GERRY MARKOWITZ: No. Keep going.

DR. SHAMAN SINGH: So this is for local VistA information only, at this time, because the way this app works is using your authentication credentials. The services that this app uses-- it goes back to the VistA instance that you had designated. Now some of you might be familiar with some of the work that the enterprise Health Management Platform is doing with VistA Exchange in the virtual patient record.

And our technical teams for our services are working with them to explore how to leverage VistA Exchange in a similar manner as eHMP and, to some degree, what you get with Janus JLV. That ability to pull information across all VistAs and DoD data is something that we would try to leverage in the future, but at this time, it would just be your specific VistA instance.

DENISE KENNEDY: Great. And the only other question that I see here, at this time, is who can volunteer as a field tester? And how do we apply?

DR. SHAMAN SINGH: So in order to field test this app, you have to have received one of our government furnished iPads. And every site that we have gone to has, through their clinical informatics department, a point of contact who was in charge of helping distribute those iPads and collect names for volunteers. So if you have an iPad, the person at your site that was in charge of getting it into your hands is the person to contact, if you would like to join our field test.

Right now, we do have 60 to 70 volunteers and that's kind of what we're limiting it at. But, certainly, if you want to pass your name along and we have spots that open, we welcome any and all volunteers to help test this app, and provide us feedback, and help us to make it even better in the future.

GERRY MARKOWITZ: It's a good time to go, and talk about the field test, and what we're going to try and accomplished by putting this app out for various people to use in a test site environment. So let me do that.

The screen, at the moment, is showing the Patient Viewer field test objectives. There's a number of things we want to accomplish with the field test.

The app will be available to work, using live data. So it will be for folks to use not in a test scenario, but in a real life scenario. And they will be looking to use it in their day-to-day work flow and see how that app performs for them on their various GFE mobile devices. Most of the folks who have these devices, have what we call mini iPads.

They don't have the big ones that are 8.5 by 11. They have the smaller ones because that's what most folks want because they're convenient to carry around. And we're going to want to get a feedback on using that device to work with the app as well as we want to be able to spread the usefulness or the testing across a variety of folks. We don't want just physicians using it, we want nurses using it. We want all types of physicians to use it. All types of specialties-- pharmacists. Anyone who has a need for looking at VistA data is going to be on our list of folks who will be using this app because we want to get feedback from all of the different types of users.

And we want to know things like the performance. We want to know if they're having any issues in getting response times because remember, we're dealing with a variety of sites. In this case, there are 40 sites that have iPads. And we're going to have people from everyone of the 40 sites doing this. And those are 40 different Wi-Fi environments. Those are 40 different VistA systems. Those are 40 different connections into the main mobile applications environment, which all of the mobile apps pass through in order to use the connections to the various VistA sites. So it's somewhat of a complex environment for all of this to work. And we need to see that it's working correctly and quickly at every one of these locations.

And then we're also testing another thing, which I forgot to put on the slide. We're going to test the Help Desk because we have a Help Desk that's been set up just for supporting mobile application users, staff users. And we want any questions, or issues, or problems with using the app, running the app, connecting, either locally or remotely, to go to that Help Desk. And they have all been trained. They're ready to go. They're just chopping at the bit to be there to help folks with whatever issues they have. So we're going to get that feedback as well.

And then, at the end, Dr. Singh has put together two things. Number one, he's put together a list of required activities that we had asked all of these people to do, so that we make sure that they at least try all the different functionality that's in the app and see what their reaction is. And the second thing is working with our friends at the Human Factors Organization and OIA, we've put together a complete survey of their experience in running this app in a field test.

So there's a lot that we're looking to get out of this field test not only about the app, but the functionality, the connectivity, the speed, the performance, the usability.

All of these things have been packaged together to get everything we possibly can out of this field test, so that we can be sure that we have a viable app moving forward because, eventually, there's going to be 70,000 providers that are going to have access to this app. And we want to make sure that it's the right thing and doing the right thing. Next slide.

DENISE KENNEDY: I just wanted to interrupt here. It looks like we're having some technical difficulties. We're going to ask that, if you do, for some reason, have control over the slides, even if it's accidentally, please, don't do that. And Alan, if you can go ahead and re-share their screen,

so we can get back on track there, we would appreciate it. Thanks, everyone. Thanks for being patient.

ALAN: So are you all not seeing the slide that says, Field Tester Responsibilities?

GERRY MARKOWITZ: Yes.

DR. SHAMAN SINGH: Yes.

GERRY MARKOWITZ: There's where we want to be. Field Tester Responsibilities.

ALAN: Yes. OK. Very good.

DENISE KENNEDY: Do you see that there, Gerry?

GERRY MARKOWITZ: Yes.

DENISE KENNEDY: It must be me. Sorry. I think the snow has hit me.

GERRY MARKOWITZ: Sign up to be a tester. I pretty much talked about this, but this is what the-- being a field tester in this app is no small piece of change. This is a lot of work because we need the folks who are going to do this to do a lot of things. And obviously, you have to sign up to be a tester. And that can be done with your local point of contact for the iPad deployment.

The register for form, for us, that's not necessary. We're not going to use that. We're going to use the Help Desk, which is mentioned below. We want all the feedback during the testing process-- any issues, any questions, any problems-- to go right to the Help Desk. I'll talk about that in a minute.

We need to learn the app. And you saw the overview presentation by Dr. Evans. It will, obviously, look a lot better when you look at it on your own machine because he's done a nice job. But in the training portal-- and there is the link to the training portal on the mobile.va.gov website-- there are a series of videos that were created for every component of the Patient Viewer.

So in other words, to see medications, there's a video. To see vitals, there's a video. To see consults, there's a video. There's a video for every, major component of the Patient Viewer. And what we want is we want folks to, obviously, look at those videos. They're short. They're not long videos. They go very quickly. But at least it's a better way to, at your own pace, understand all the capabilities of the Patient Viewer. And, of course, you can, obviously, go back to those videos at any point in time because they're on the website.

And as I said, the biggest job is to validate the functionality and make sure that you're getting information that you expect to get. Take a moment and verify, in CPRS, that, yes, that's exactly right. That's the information that's there. I mean, we do that in a test environment. You can't touch every production environment to see that that's the case.

And then, like Dr. Evans said in his video, use the app in your day-to-day activities. We need people to use it in the daily course of their work in dealing with patients and see that it's providing them with that feel and purpose. One of the questions on this list was, how is this better than using CPRS remotely? And the simple answer to that question is that it was designed to be used on a mobile device.

So the real estate on the device, on the screen is designed for you to press it with your finger. As opposed to the CPRS, which is a CAG look-a-like on a device that it's hard to actually pinpoint exactly what you're touching. So the idea is to make it easy to use and turning this into a real mobile app. Even though it's a website based app, it's still designed for use by people, pushing things with their fingers, and their thumbs, and making that easy to do with quick response.

And then, of course, there's the whole feedback process. This is so important-- to get the feedback from these users to tell us what they were able to accomplish, what they had problems with, what they had issues with, and making, as well, suggestions for things that they think need to be enhanced or changed.

And I already mentioned that there's a questionnaire that was done, and a survey form that's been created, and a list of things that they need to do. And once again, the Help Desk will be the VA Mobile Help Desk for staff. It's a separate Help Desk just for staff that has these mobile devices. And we want all questions, issues, and problems to go through that Help Desk because we want to be able to see that they're providing appropriate support to these users.

Next slide. So here's the link for the training portal. It's very simple. mobile.va.gov/training. And those three boxes there-- did you see the three little pictures? One is, am I a Veteran? Am I a staff? Am I somebody else? The staff is the one all the way on the right. You click on that. And all of the staff related apps, whether they've been released yet or not, the training materials are there.

And you can look at those and you'll see all these videos that I was talking about. There's a user manual, there's frequently asked questions. And then, of course, there's a button to launch the app, but it's not there yet. It's coming. Next slide.

Any other questions before we go into the demo?

DENISE KENNEDY: Yes. We have a few questions here. John has submitted quite a few questions, so let me-- and I see that some people are answering them. But let me go ahead for the benefit of the group. Will privacy screens be required for public places?

GERRY MARKOWITZ: Say that again, please.

DENISE KENNEDY: The question is, will privacy screens be required for public places?

GERRY MARKOWITZ: I don't know what that means.

DENISE KENNEDY: Well, we'll send a follow up. And then the next one is, what or whose VistA or CPRS is the web app connected to? Some doctors cover multiple VAs, does it supply--

GERRY MARKOWITZ: Well, they have to have multiple logins because when you log in, you put in your access code, verify code, and location. So the location code is the one-- you're going to pick it from a drop down list with real names, like Washington D.C. Medical Center or [INAUDIBLE] Medical Center. It's going to correspond to the name of the location where the VistA databases is located.

So even in a place that has a dozen CBOX, they're going to pick the main location where their VistA is located. And Shaman, I don't know the answer to this question, but if you work in multiple VA locations, I presume you would have to have multiple VA logins?

DR. SHAMAN SINGH: That is correct.

GERRY MARKOWITZ: Right. So they would have to log into the location that they want to use. So this requires two factor authentication. Well, that's factor one. And, of course, the second factor is you have to be logged into the network. So your login to the VA network is your first factor and your login to VistA is your second factor.

Does it support PIV cards for signing med orders? No. In the first version of the-- so there's two parts to that question. There's two answers. The first part is, there's no entry of any orders in the first version of this Patient Viewer. This is going to be Patient Viewer 3. Patient Viewers 1 and 2 were prototypes. This is Patient Viewer 3. When we get to Patient Viewer 4, which will, obviously, be coming after Patient Viewer 3, there will be the ability for entering medication, lab, and radiology orders. As far as a PIV card goes, there's no PIV card on an iPad. So no.

What IT support is needed to be set up? Nothing. Period. Nothing. The iPads that have been distributed, they've been out there for quite awhile. Most everyone's been able to use it. They're using it mostly for email and some other, general apps that they're allowed to download and use. But there is no other set up required.

These folks that are going to do the field test are going to get a URL that they just copy and paste into the Safari browser and they're good to go.

Can the provider take a picture and add it to a note? Not in this version. And will the app connect to VistA Imaging? And, once again, the answer is not in this version.

DENISE KENNEDY: Excellent. Thanks so much, Gerry, for going through those. And for those of you following along in the chat, Kevin, on our team, has also provided some links to some PDFs and materials that we have on security guide and other things. So hopefully you're all following along. I don't see anything else for you right now. Gerry, we can move along and we'll chime in after the video.

GERRY MARKOWITZ: Yeah. Let me talk about the video for a minute. Dr. Singh did an extraordinary job quickly-- and quickly is the most important word here-- going through all of

the features and functions of Patient Viewer and created this video. Because of the VA privacy requirements, you're going to see a lot of red dots because it's blanking out names. Even though it's test data, there are real patient names in our test data.

And you're going to see him occasionally go and change the dates, so that he can look at the data because, once again, the test data is not in the year 2015 or 2016, it's actually in the year 2011. So in some cases, he has to go back and change the dates to look for data that's from 2011.

Now based on the way that Neil Evans' video ran, Alan, if we have all that break up on this one, we're probably going to be better telling people to take the link and look at it on their own because he goes very quickly. And I don't know how it's going to come out.

DENISE KENNEDY: Alan, in terms of the video, on your side, I know you were troubleshooting during that presentation. It's your call.

ALAN: Why don't we start and if it doesn't work right, we can always stop it. I just want to make sure that you all can see my screen. It's on YouTube and there's a big VA Mobile Clinical Scenarios Demonstration on it. Can everybody see that?

GERRY MARKOWITZ: All I see is slide 13.

DENISE KENNEDY: Same here, Alan. I see slide 13 now.

ALAN: Hold on a second.

DENISE KENNEDY: Thanks, everyone. Just bear with us. As I mentioned, we're usually all in the same room together and sort of troubleshooting on the fly. And our friendly storm, Jonas, has made that impossible. So just give Alan a minute here to see if you he can get this video synced up.

ALAN: And somebody is controlling-- somebody should relinquish control. Thank you. So I'm going to hit Play. And I'm going to full size the screen. So Gerry, feel free to jump in, if this doesn't sound right.

[VIDEO PLAYBACK]

-It's 8:00 AM and suppose I'm an inpatient medicine physician who's on call when I get a page from the emergency room about a patient named Mr. H. On my way there, using the Patient Viewer application, I can search for the patient by his last name and the last four digits of his social security number. I'm told he has COPD, and a cough, and the ER wants to admit him.

So going to the Cover Sheet, I can look at his problem list, reviews, past diagnoses, and I notice a tobacco use history. I can verify his allergies and review his outpatient medications. I want to review his radiology images to see if he has a previous chest X-ray given the COPD and the tobacco use history. So going to Menu, and then Radiology, and using Custom Date Range, I can scroll back to 2010 and see the radiology result.

I can organize them alphabetically and group them. Tapping on a study on the left, I'm able to see the order details, including the result on the right. I can go back to Cover Sheet and, this time, look at it for previous hospitalizations, review his contact information, like where he lives, and review his surgical history. Going back to the Menu, I can check his vital signs. I can see them for the pre-set date ranges, but here, I'll be looking at a custom date range, getting them first in Table View.

If I want to see them graphically, I can tap on that view. They are graphed over the date range displayed above. And by tapping on each, individual result, I get the result, units, and the date and time it was performed. I can select and highlight an area of the graph to zoom in further. And by tapping on the results, I see the values once more.

Scrolling down, I can take a look at other vital sign graphs, as listed on the left. Again, I can zoom in on a graph and minimize the date range. By de-selecting graph types, I can choose to see only the vital signs that are of interest to me. In this patient with COPD, I'm interested in respiration rate and pulse oximetry. I can also minimize the date range further to a specific interval. So perhaps, the time of admission-- March 7th, 2011. And I can get those values for that specific range.

Going back to the Menu and tapping on Labs, I can look at the chemistry and hematology lab results. From the left pane, I can tap on a particular result and I would get that information on the right pane. But here, I need a custom date range because I need to review the test data from back in 2010. Updating results, I get a graph of the data and I can zoom in to minimize the range further.

I can tap on a data point to review the results, units, and date. I can also search for a particular lab test. In this case, arterial oxygen saturation. Again, I'll change the custom date range to the correct range and review the result.

Just before reaching the ER, I get a call from a Ward C nurse about a complaint from a patient, Mr. G, who's having chest pain. While heading back to Ward C, I can bring up Patient Search, select Ward C Medicine, and see a list of patients on that particular ward, and select Mr. G from that list. I can review his documents to try to see if I can find a history and physical note. I'll change the date range to account for this example test data.

By updating the results, I can see that there are a significant number of items. I can search for history by typing H-I-S-T to minimize the number of titles based upon that search query. Tapping on the history and physical note, I can review the note entry. The usual items of interest-- history of present illness, review of systems, problem list, medication list, and physical exams, and labs, as well as assessment and plan.

Tapping Menu, I can review the patient's medications and select filters for inactive, active, for inpatient medications with a custom date range setting encompassing the test data. I can update the search results. And here, I can see a list of those medications. As I scroll back up, I can actually tap on a specific medication to get further order details.

Because this patient has chest pain, I'll want to review his cardiac lab result. So by tapping on Menu and selecting Labs, I can review his lab test results by going to Chemistry and Hematology, searching for Troponen, and picking the Point of Care Troponen result, updating the custom date range to encompass the test data-- in this case, back to the January 2010 time frame.

I can then tap on the data point and review the results. Tapping on Menu and selecting Consults, I can see if there were any cardiology relevant consults placed. Again, changing the custom date range. And I'll see, under the status, Available Filters, for complete, pending, and active. Tapping on a particular consult on the left pane will bring up the consult details on the right.

So I've reviewed this information and interviewed the patient at bedside. His transient discomfort went away with some oral intake. So tapping on Note, I can now document this encounter. Tapping on Title, I can enter a query for relevant progress note titles, select a valid one, and then enter the details into the note section.

Volunteer information regarding my interview with the patient and a tentative plan for follow up. Perhaps something along the lines of having the nurse call me back with updated vital signs.

Now I don't actually want sign this note, but rather save it for later, after I get the updated vitals. I can save this note by minimizing the keyboard and scrolling up to tap on Save. And this note will be saved for me to complete later. Now I'll head down, back to the ER.

I can go back and review Mr. H's chart by using Patient Search. And this time going all the way on the right hand side to the last 20, I can see the last 20 patients I have looked up. I can select Mr. H's chart faster this way. So when I last left off, I was going to head over, through the Menu, to Labs and check the microbiology result. So this time, instead of Chemistry and Hematology, I'll select Microbiology.

I can expand selections for results, like Rapid Flu and Rapid Flu Pharyngeal Cavity. Tapping on the Lab Test, reveals the results in the right-hand side. Also, I have culture and susceptibility for [INAUDIBLE] and blood cultures as well. The details, on the right side, for blood cultures can actually help me make sure that they were performed in the emergency department.

Tapping on Menu and going back to Medications, perhaps I want to review inpatient active and inactive medications for a selected custom date range. Here, I'll be able to see the inpatient medications that the patient is getting. Again, tapping on the Medication name will expand order details, which I can review at this time.

Before I get to the ER, I get paged by the nurse from earlier, informing me Mr. G's vital signs are normal. I now want to complete my note, so I bring up my task list of unsaved notes by tapping on the top, right-hand corner, on the folder with two rotating arrows, which will take me to the flip side menu where I will initially see my task list for saved, but not signed notes, which I can then complete. These can be organized by date, patient name, or title.

Tapping on the Task List will bring it up. And tapping on a particular item will send me into the patient's chart with a progress note already pulled up. Now I can complete the note and then sign it. I can review the note and tapping Sign will allow me to enter my signature code.

Changing roles. Now suppose I'm a case manager. I was told about Mr. H's needs for home oxygen and perhaps a pulmonary function test as an outpatient. While at bedside, I can log into Patient Viewer and search for Mr. H by going to Patient Search, in the top left, and entering his name, searching, and selecting his medical record.

Upon entering his chart, I can go to Consults and adjust the custom date range to encompass the test data. Reviewing the consults over that time, I see that the statuses for the consult results has Scheduled automatically checked. I'll check Complete and Cancelled. And we're going to get a broader view. Now I can see 10 items.

By scrolling down, I can review all the consults that were placed. And by tapping on a particular consult, I can see that consult's details. In this case, the name of the home oxygen supplier, Rotech. I also see here that he did actually have a pulmonary function test already. So as the case manager, I don't actually have to help the team schedule that consult and can inform them to cancel it.

While at his bedside, I'll tap on Menu and Cover Sheet to review his contact information, just to make sure that when I contact the home oxygen company, I provide the proper address. He doesn't know his current oxygen needs, so by tapping on Menu and then Documents, I can review what the nurses are documenting as his oxygen needs.

Selecting Custom Date Range and updating the results, I get a number of documents that can be minimized using a search query, like cardiopulmonary, which will bring up notes whose titles have cardiop in them. I'll select each note and review the information, seeing that the patient is getting four liters of supplemental oxygen consistently.

He also needs travel assistance. And perhaps I need to know what his service connection is for eligibility. By tapping on his name, I can see that he's not service connected.

Switching roles. Now suppose I am an audiologist, working in an outpatient clinic. I get a call about a Mr. A. He is here to check if his hearing aid is ready. I can actually pull up his chart by searching for his name while I walk over to the prosthetics department and see whether his hearing aid is ready.

While walking there, I can review some portions of his chart. I can go to Documents, pull up the custom date range going back to encompass this test data, update the results to see that, over that time, there were three notes. I can see an audiology progress note when he was here for a similar encounter. I can now start a new note. Tapping on Title, I'll select on Audiology Progress Note.

I'll enter a note similar to before that I can still see in the middle pane. Prosthetics say the hearing aid is ready, so I can document that it's ready for pick up at our front desk. I want to link this to a new clinic encounter. So tapping on Link, it's not going to be associated with any current,

clinical appointment, so I need to start a new visit. I can enter the time and date. And for location, I'll use Audiology Misc for this particular example.

I can complete the encounter information. I'll tap on Providers and add an additional provider by searching for them and when the search results are displayed, tapping on them to add them to the note.

I'll relate this to a service connection for hearing loss by selecting Yes. Under Diagnoses, I can select Hearing Loss. I can add a procedure by tapping on Procedures. And searching for one either by the term or by the CPT code. In this case, hearing aid check. I can scroll through a list and select the appropriate procedure.

Closing out Procedures, I can now sign my note by tapping on Sign. I'll be shown my note, so that I can review it further. By tapping on Sign, I can now enter my signature code. Here, we've reviewed the Patient Viewer application and its functionalities for patient search, cover sheet, vital signs, medications, documents, consults, laboratory results, radiology reports, note writer, and task lists.

[END PLAYBACK]

GERRY MARKOWITZ: Alan, I think it would be good if you threw up a couple of screens and click on the link for the training portal. And we can show the folks that-- click on that link up there. It should be real. And to see this video and to hear it properly it would be better if you went to the training portal. And then you will see all of the individual videos that are available for each one of those sections that Shaman was going through very quickly.

And you can see the-- do you see that box over there, on the right? VA Staff. Click on VA Staff.

I don't think we did this one, everyone, did we? And put in where it says VA Staff, at the top. In the URL for Patient Viewer. We'll send this link out. So here are the Patient Viewer screens.

And as you scroll down, the first video is the Neil video. And then all of these individual session boxes that you see are for the different modules within Patient Viewer. And the last one is the one that you just saw Shaman run through. And I made a mistake. I said things are blocked out in red. Those red dots are where he's touching the screen. It's the names that are blanked out and they're in grey.

So those red dots are every touch of the screen. That's what you're seeing with those red dots on there. So this is the better resource to use in order to see those videos and be able to listen to them clearly. Thank you.

DENISE KENNEDY: Excellent. And I know there has been quite a lot of discussion on the chat feature. I regret to say-- I missed some of your questions, but I did just grab all of them and we'll be sure to, if we miss any of them in the follow up, send a note out afterwards with any questions that we did not get answered today. I want to first see, Dr. Shaman or Gerry, if you have any final, parting thoughts? We have just a few minutes left before we hit 3 o'clock.

GERRY MARKOWITZ: Just the one I just did, which is go and watch the videos on the website. We'll send those links out.

DENISE KENNEDY: Excellent. Yeah. We'll definitely get those links out. And I think Karen is putting them into the chat box now. And we'll send them as a follow up. Thanks, everyone, for your participation today and for all of your questions. Please, don't forget to fill out the questionnaire that we'll send to you. And let us know what other topics you'd like us to cover in this Mobile Discussion Series.

And we're looking forward to seeing you again next month. Thanks again to our presenters, Shaman and Gerry. We really appreciate it. And for those on the East coast, stay warm and dry. Thanks, everyone. Have a good weekend.