

LYN SCHULTES: OK, hello everyone. Welcome and thank you for attending this month's VA Mobile Health discussion series. My name's Lyn Schultes and I'm going to run through just a few brief technical reminders before we get started. You have the option to listen in to today's presentation either through your computer or on the phone. If you want to join via phone, please dial 201-479-4595 and enter pass code 28425330. OK. The dial-in information can be found in the presentation and was also just pasted into the chat feature in the lower right-hand side of your screen.

If the chat box is not visible on your screen, click the light grey chat bubble located at the bottom right and that chat box will appear for you. If you currently have your chat box open, you'll notice that we just pasted a link. If you'd like to download today's presentation, please copy and paste this link into your internet browser and follow the instructions for downloading. Your phone lines are currently muted. But if you're experiencing any technical difficulties, please don't hesitate to let us know via the chat function and someone will be in touch to help you. Also for any folks who would like to join the conversation via Twitter, please use the hashtag VAMobileHealth.

OK, to respect everyone's schedules we'll keep this moving so the session ends on time. If you have any questions for our presenters, please use the chat feature and we'll get to them as time allows. If for some reason we don't get to your question, we will send out an email following this webinar with any relevant answers. And with that, I will turn this over to today's presenters. We have Doctor Deyne Bentt-- he's the clinical director of mobile health deployment and evaluation. And Mr. Kevin DeOrsey-- he's the project manager for the provider program. So Dr. Bentt, over to you.

DEYNE BENTT: Good afternoon for those on the East Coast. And thank you Karen for the introduction. Welcome to this presentation on the VA Mobile Health Provider Program-- the story so far and what's coming next. My name is Deyne Bentt-- I'm

the clinical director of mobile health deployment and evaluation for Connected Health, which is part of Office of Informatics and Analytics. And I'm joined today by Kevin DeOrsey. Kevin, would you like to introduce yourself?

KEVIN DEORSEY: Yes thank you Doctor Bentt. As Doctor Bentt stated, this is Kevin DeOrsey. I'm a project manager with the Connected Health office and the project manager for the Mobile Health Provider Program. So welcome and thank you all for joining this today.

DEYNE BENTT: Thank you Kevin. So, much has changed in the last 10 years in the arena of personal mobile technology. We're not looking at a model of a spaceship constructed from a smartphone. But what this represents is the meteoric rise in the use of mobile technology in the last 10 years. Kevin, do you remember when you got your first smartphone?

KEVIN DEORSEY: I do, Doctor Bentt. Probably within the last five or six years I would say.

DEYNE BENTT: All right. So 10 years ago a smartphone was a new and unfamiliar term. Even smartphones didn't know that they were smartphones 10 years ago. And now they are part of our everyday lives. 10 years ago, a tablet was something that you tried to force-feed your cat when it was sick. And I certainly have the scars to prove it. However, nowadays a tablet more commonly refers to a touch screen portable electronic device. Kevin, I bet you also have a tablet.

KEVIN DEORSEY: I do indeed.

DEYNE BENTT: In fact, I would make a bet that you have more than one tablet.

KEVIN DEORSEY: You are very correct.

DEYNE BENTT: These devices are now ubiquitous and they're used every day in our lives. And I can attest also to having several in my household. Across all of the industries mobile technologies-- including cellphones, smartphones, tablets, and connected devices-- the rate at which they have been improving and maturing is phenomenal. 10 years ago one could hardly have imagined what things would be like today. These

advances in information technology have transformed our society, and in turn, even the way health care is delivered. Digital mobile business tools are now dominating the landscape. They are empowering customers with information at their fingertips, giving them the ability to conduct business through digital means, self-service tools. It has completely transformed the customer experience.

So let's look at how this affects health care. Look at this image that we're looking at. Kevin-- which one of these clinicians do you think didn't save 15% on their car insurance by switching to Geico?

KEVIN DEORSEY: Oh, definitely the one all the way to the right.

DEYNE BENTT: Well, tell you the truth, I can't tell just by looking at the slide. But what I do know is that clinicians are increasingly-- rapidly increasingly-- using mobile devices in the workplace. A survey was done in May of 2013 where over 1,000 health care providers were included, and it showed that 86% of clinicians have and use a smartphone on a daily basis in their professional activities. They're benefiting from a plethora of applications that, for example, give them mobile access to email, the ability to communicate by text message, increase their productivity. Kevin, they can even make and receive phone calls with these devices. And what's phenomenal is that this 86% is an increase by about 10% over just one year prior.

Another study done by Deloitte has shown that the interest of physicians in mobile health, or mHealth, is very strong. We have 90% of physicians say they are interested in mobile technology that they can use in clinical care. Of interest, Kevin, this slide doesn't show the faces of individuals shown, which means that we can't make any presumptions as to what they're feeling. However, the study did show that the one in 10 of clinicians who did not have an interest in mobile technology in health care were of the demographic of older solo practitioner who had been in practice for many, many years.

We also know that of those practitioners who use mobile technology, 69% of them are already using a mobile device to view patient information. And 89% of them, of primary care and internal medicine physicians, use smartphones to communicate

with each other in the hospital in their daily workflow. And I know Kevin that from personal experience, using text messaging to communicate among your staff-- for example in the operating room when you need immediate, reliable communication-- text messaging at the Washington DC VA was definitely the mode of choice before other voice control technologies were available.

The possibilities are endless for leveraging mobile technology in health care. You get convenient access to real-time clinical information. There is mobility of patient information. There's easy access to medical tools at work, at home, or even in between when you're on the go. And there is secure communication between patients and providers.

Besides the growth of mobile devices in health care setting, there's also a plethora of mobile health apps entering the market, both on the provider-facing and patient-facing sides. Can you imagine, Kevin, 100,000 apps in the category of health and fitness or medical? This is corroboration that the demand and interest by providers for these technologies is extremely high.

These statistics just demonstrate the level of interest in using mobile devices in health care. And the Department of Veterans Affairs recognizes this and is making a significant investment in the development of mobile technologies for providers and patients alike. As a result of this, we have what is now called the VA Mobile Health Provider Program. This program is part of a broader VA Mobile initiative.

And the goals of the program are to leverage wireless and mobile technologies to improve the health of Veterans, to expand care for Veterans beyond the traditional office visits. For example, Veterans are now able to conduct video televisits from the comfort of their own home. And also, the plan is to help Veterans and their caregivers securely coordinate all aspects of care. These mobile tools are designed to provide Veterans and their caregivers the tools to help lead healthier lives.

The VA Mobile Provider Program is led by Connected Health. This is part of the Veterans Health Administration Office of Informatics and Analytics. And it's a joint venture between VHA-- Veterans Health Administration-- and Office of Information

and Technology-- or OIT.

Here's a brief overview of what we've done so far in the arena of mobile health. Things started back in 2010 when a commercial company was awarded, won the competition-- an innovation competition-- to develop a mobile application which would be able to be used to access the patient medical record.

The development of this process was done in early 2010, and then a small pilot of the developed application was used at one facility to test the usefulness of the application and to test the technological infrastructure needed to make this work. It was seen as a resounding success by the staff participating in the pilot. And this has kicked off and fueled further activities in development of mobile applications and activities in development of the technology necessary to support all of this functionality.

Our developments have not only been provider-facing. As we can see from this slide, there were two Veteran-facing pilots. In May of 2013 we started the Veteran Appointment Request-- or VAR-- pilot, which gave Veterans the ability to request return clinic appointments through a mobile application. The Veteran Family Caregiver pilot, which ran in the same year, approximately 1,000 apple iPads were distributed to Veterans and their family caregivers with the availability 20 mobile applications that they were able to test and use in different ways to help schedule their appointments, request medication refills, take care of patient education-- such as post stress traumatic disorder, coaching, and many other functions.

But most recently, we return to the provider-facing applications. And we're currently in what you see here today as the Mobile Health Provider Program, which started one year ago, February 2014.

So at this point I will pause to take questions before I go further into describing the VA Mobile Health Provider Program.

LYN SCHULTES: OK, great. Thanks Doctor Bentt. We have had one question come through from [? Ven ?]. [? Ven ?] asks why did it take three years to go from step one to step two.

Doctor Bentt, or Kevin, if either of you want to respond to that.

DEYNE BENTT: All right. So between step one and two, after the initial patient viewer pilot of 2010, that ran for roughly a year. And at the time, this was an innovation award. In between 2010 and 2013, the Office of Connected Health was established and tasked with-- among other things-- mobile health development. So some of the initial activities of Connected Health were first aimed at Veterans. And much of the activities were involved with starting the pilots for the Family Caregiver and Veteran Appointment Request applications.

LYN SCHULTES: OK, great. For now, to help us keep on track, we'll keep moving along. But a reminder for everyone on the line-- if you do have questions, please go ahead and submit those via the chat box at the bottom right-hand corner of the screen. Doctor Bentt, back to you.

DEYNE BENTT: Thank you. So what is the VA Mobile Health Provider Program? The ultimate goal of the VA Mobile Health Provider Program is to equip VA health care teams' clinicians with mobile technology so that it will enhance the way that they deliver health care to Veterans. This program is set up in three phases. Phase one is essentially delivering equipment to providers. Phase two is release of VA-developed applications that allow clinicians to-- for example-- from a mobile device connect directly to the patient record in Vista. And in phase three, this allows VA medical centers to request and purchase their own devices through the national contract of the VA Mobile Health Provider Program.

Let's look at each phase in a little more detail. So as I mentioned, in the first phase devices were delivered to clinicians. We delivered-- the goal was to deliver up to 11,000 devices to clinicians at VA medical centers across the country. We started with 18 facilities. And the functionality that was included on these devices was first of all access to VA email. Most clinicians were not given BlackBerrys, which was the standard mobile device for getting VA email. And clinicians were overjoyed with the ability to now access their email on the go, and so in such a way increase their productivity and functionality.

They were also able now to use commercially available mobile health applications. Most clinicians were already familiar with some of the commercially available mobile apps like UpToDate, Epocrates, and were using them on their personal devices. Now they were able to use these also on these VA-provided devices. And in addition, they also had access to full VistA CPRS through the Citrix access gateway virtual environment. Now this was huge because clinicians have always been asking for mobile access to CPRS. Even though the access through these devices at this stage is through the Citrix access gateway and has its limitations, getting some access to the patient medical record in a mobile fashion was found to be extremely beneficial for clinicians in this program.

The devices also come with productivity apps, communication apps that are native to the device, such as maps with turn-by-turn directions, instant messaging capabilities, video conferencing. And the clinicians who received these devices were instantly using these new communication tools amongst each other even at the time when they received them when we were out visiting the sites distributing these devices.

Let's look at a couple of the apps that are available commercially. Two of the most popular are-- you can see on the left is a screenshot of Epocrates. And on the right we have VisualDx -- VisualDx is a comprehensive encyclopedia of dermatological images, very popular among many, including primary care physicians. And Kevin, tell us about training that is necessary before these apps should be downloaded from the Apple App Store.

KEVIN DEORSEY: Thanks, Deyne. Yes, so as Doctor Bentt has just stated, the Mobile Provider Program does give the ability for users to have access to commercial apps in the case of this program to date-- that's probably better known as the apps located in the Apple App Store. However, what we do advise is there's a mandatory training. You can find it in the MyVeHU Campus. And for those following along on [? FUSE ?] you can search for it either by name-- protecting privacy and security while using apps through the public app store-- or the session code number. And again, this is a mandatory training that we want our program users to take before starting to

download commercial apps. It reinforces many of the VA guidelines for protecting VA-sensitive data, especially for mobile devices.

DEYNE BENTT: Thanks, Kevin. And so applications, commercially available applications, are available from the commercial app stores like the Apple App Store. Do we have-- what about applications that are developed by the VA themselves?

KEVIN DEORSEY: And we do. And what we're looking at now is the VA App Catalog. And this is found on the devices themselves. What you're looking at is some of the VA-specific or security apps. As more apps are internally developed and made available in a full production environment, these apps will be accessible through this VA App Catalog. What you see right now are things such as AirWatch, which is our mobile device manager client. And that allows for a few different variables, but one allowing us to enroll users into the VA network, basically assign the device to a user. And it does give us some security and monitoring ability with the device. Should a device get stolen we have some techniques that we can utilize that can help us take back management of the device.

There's Cisco AnyConnect, which is the application that allows a user to securely connect to the VA network on a mobile device. And Good, which is probably the most popular to date, which is your app for accessing your VA email. So a user would not have to go through the CAG, as described by Doctor Bentt. You would have a mobile app sitting on your iPad. And you can have access to your VA email through that application. Back to you, Doctor Bentt.

DEYNE BENTT: Thank you, Kevin. So what have we achieved so far? In 2014, out of the 11,000 devices that we plan to distribute, we succeeded in distributing approximately 7,000 devices to providers at 18 VA medical centers. Along the way there were many lessons learned. We found quite a variability in the technical situations at each facility that we had to learn from and make adaptations to make the deliveries work. So we incorporated these lessons learned and continue to improve the process. So we had a progressive improvement in efficiency for the delivery process.

Tell us a little bit about to the locations that we went to, Kevin. I know that you joined

us on our tour of the country, as we visited sites to distribute these devices to clinicians at these facilities.

KEVIN DEORSEY: Absolutely, Doctor Bantt. And as you can see, there were 18 sites originally selected in our first part of phase one. And the mobile program as a whole procured approximately 11,000 mobile devices. And in the first part of this, these 18 sites were selected on a couple different factors-- Wi-Fi capability and geographic diversity were probably two of the biggest. And as you'll see on the map, we started out with Nashville, Tennessee and made our way around the country throughout the last year. And we ended in Cheyenne.

We delivered approximately 7,000 devices to these 18 sites. And as we continue with the remainder of phase one, which is going through currently as we speak and probably into the better part of the summer of this year, there's an additional 25 sites that are going to receive the remaining 4,000 devices. And once we're done with phase one, at least one site in every VISN will have these mobile devices, and basically an equal percentage of VISN clinical staff participating.

DEYNE BENTT: Right. So before we move on to describe phase 3 of the VA Mobile Health Provider Program I will pause here to take any questions.

LYN SCHULTES: OK, great. We've had a couple questions come in for you both. The first is from Tina. She asks, is there a way to transfer apps over from one device to another?

DEYNE BENTT: From one device to another. So I interpret that as meaning if you have apps on a personal device can you move it to your government-furnished device or vice versa. So in Apple devices, the loading, purchasing of applications is controlled by your Apple ID or your iTunes account. The recommended approach is to use one Apple ID for all your devices. So if you already have an Apple ID that you use on a personal device, recommendation is to use that Apple ID on your government-furnished device.

Your Apple ID is not something that can be controlled by the government, that they can have any control over your password, or can have any access to your account.

It is solely a relationship between you the individual and Apple. So by using a single Apple ID for all of your devices, whether personal or government, it means that you can load any apps that you've purchased onto any of your devices. We certainly have some folks who have preferred to use a separate account for their government-furnished device, but then that means that now you have two accounts to manage. And if you paid for an app on one account and you want to use that on another account, you have to purchase that app again.

LYN SCHULTES: And Doctor Bentt, Tina did clarify that she currently has a VA iPad Mini and is waiting on the VA iPad Air to arrive.

DEYNE BENTT: OK so yes, if she uses the same Apple ID, then those apps already belong to her and can be loaded at no extra charge onto any new device.

LYN SCHULTES: OK, great. We have another question that's come in from Alan. How do I get my VA facility involved in this program?

DEYNE BENTT: Kevin, would you like to take that, or shall I?

KEVIN DEORSEY: Well I was going to just ask can we maybe hold that question, because I think we'll answer that in a few slides down the road here.

LYN SCHULTES: OK, great. Well we'll keep moving forward then. We're just past the halfway point. So we will try to leave some time at the end for additional questions here. So Doctor Bentt and Kevin, I'll pass it back over to you.

DEYNE BENTT: Thanks, Karen. So phase two of the program is all about mobile apps developed by the VA. The VA currently has, in different stages of development, up to 40 mobile applications. A lot of those are provider-facing. And phase two of the program sees the release of these mobile applications so that they can be loaded onto these devices and used for clinical care. The cornerstone application is called Patient Viewer, which I will describe in more detail in upcoming slides. But that will give mobile access to the patient record, among other functionality.

Other applications-- some of them are information only. And there are others that

will increase productivity and provide functionality that is either currently unavailable or currently inefficient with the electronic tools that we currently have in CPRS and VistA.

This is what your mobile app environment dashboard will look like. We call it the launchpad. And as you can see, there are a number of mobile apps available in this launchpad view. As more mobile apps are developed and become available, they will appear in your launchpad. And one of the advantages of having things organized in this fashion is that we can use the single sign on method. Once you use your existing VistA CPRS user name and password to log into the launchpad, any mobile apps that you launch thereafter will not require a separate login.

We can see some of the apps. Top left, we have scheduling apps. As we move over to the right we can see the app that I mentioned previously called Patient Viewer. There are some apps which I'll mention later-- Caring4WomenVeterans and Preconception-- which are aimed at providing information about women's health care. We have the Antibioqram app, which is a repository of antibiotic sensitivities. And the Immunization Campaign, which aggregates immunization information for your Veterans in a fashion that was previously not available through CPRS.

So let's talk about the cornerstone mobile application, Patient Viewer. And let's look at some of the functionalities that it will provide. It's a read-- it's not solely a read application, but will also provide write-back capability. You'll be able to see things like patient demographic, which will have age, social security number, date of birth, contact information of the patient. And then you also get his problem list, medications-- including allergies-- and lab results. You'll be able to see vital signs.

And with the vital signs and lab results you will also be able to see them in a tabular function as well as a graphical function. The graphical function is quite impressive in that you can zoom. You have the ability to select a time zone-- a time frame-- to view information. You can further select and zoom within that time zone. You can scale your view. Talking about it doesn't do it justice. Some of you have already seen demos of this application. But the functionality is impressive. And we are very

excited to be able to bring this to you in the near future.

The write-back features of this application are currently progress notes. So in addition to be able to read progress notes, the same progress notes that are in CPRS, clinicians will be able to write progress notes in your application and they will appear in CPRS for general consumption.

Orders management-- so reviewing, editing, and writing orders is functionality which is currently in development. So that will not be available at the initial release of this application but will be available in the near future when the development is complete.

So these are some of the functionalities of the Patient Viewer application. The initial version of this application that was developed in 2010 was a read-only app that provided four subsets of information. We've come a long way since then. It takes time to develop the technologies and troubleshoot all the intricacies of communicating in a mobile fashion with an existing electronic medical record. But we've come a long way. And we were able to produce a lot more functionality with the app in the current status.

I also mentioned a couple of other applications. The Caring4WomenVeterans app was developed by the VA in collaboration with the VHA Office of Women's Health Services. It's targeted for release in the near future, later this spring. And is intended for use both by VA and non-VA care team members. So the goals of this app are to be able to view screening and treatment guidelines for women Veterans. This is an informational application. And also to be a resource for women Veterans who are transitioning from active duty to civilian life.

Another application that will be soon available is the Preconception Care app. Again, this was developed by the VA in collaboration with VHA Office of Women's Health Services. The targeted release is also later in the spring. And the goal of this application is to-- it's also an informational app. The goal is to review a healthy lifestyle checklist with patients that addresses topics such as alcohol, drugs, tobacco use. To promote discussions on medical and mental health issues pertaining to pre-

pregnancy and pregnancy situations. And also to share resources and evidence-based information with patients about services and programs from the VA and other key organizations.

Another app that is very exciting for me to be able to bring to clinicians is the Image Viewing Solution. This is a web- and mobile-based application for medical imaging. It has already undergone field testing. This is pre-release testing on the West Coast in the Seattle area. And it's due to be released in a phased approach over the course of 2015. Some of the key features of this app include it gives you diagnostic grade images, both from mobile devices and from your desktop. It gives you secure provider-to-provider collaboration such that you can share the images with providers remotely.

In real time, you can edit, annotate, and collaborate in a fashion that was not previously available with existing software in VA. It does it in a secure fashion. So while you're able to collaborate, it also protects personally-identifiable information and protected health information. Another beauty of this app is that it can be used for patient education. You can display images at the bedside or remotely in the clinics to help educate the patient on their medical conditions. And it also gives the ability to manipulate the images in a three dimensional fashion to help with the communication, and collaboration, and education.

So these are some of the apps that are soon to be released to the clinical environment. We also have many other VA-developed apps in the pipeline. Some of them are listed here. There's the Antibioqram app and you immunization apps which I mentioned earlier. There's a skin check application which can be used at the bedside to take pictures of skin lesions that then can be shared with providers remotely. There are scheduling applications in the pipeline, secure messaging, et cetera. So you can see that we are actively developing many mobile applications targeting specific common workflows for a wide variety of care team members-- nurses, schedulers, physical therapists, et cetera.

LYN SCHULTES: OK, great. Well we've got some really good questions coming in. So I think we'll take

a brief moment to pause here and respond to those. And then we will wrap up today's presentation. The first question is from John. He asks will this program be expanded to allow VA to give iPads to Veterans.

DEYNE BENTT: So this program is called the Provider Program. It's aimed at the clinical provider-facing side of Veterans health care. There will be programs aimed at Veterans. The logistics, and functionality, and connectivity, and security issues related to Veterans are different from providers. So yes there will be programs aimed at Veterans. But this one is for providers only.

LYN SCHULTES: And for the participating providers that currently have VA iPads-- another question we have is asking if you recommend an anti-viral or malware app for those.

DEYNE BENTT: No. So far the only devices that we've distributed have been Apple iOS devices. And even though malware exists for devices, we're more familiar with them for Windows PCs. They're much less common with Apple devices-- Apple computers and laptops.

The unique thing about Apple mobile devices is that no app can be loaded onto the device without being vetted by Apple, since all apps must come through the Apple App Store, unless you have an enterprise app store-- as we have-- where any applications, any commercial applications, in the VA app catalog are vetted extensively from a security standpoint before they were released for consumption by clinicians. So the Apple vetting system ensures that no app can communicate with another app or with the operating system in a malicious way. So the security of that method of controlling the gateway of what gets on the devices means that no, there's no need or worry to have any sort of anti-virus or anti-malware installed on these devices.

LYN SCHULTES: OK, we have another question from Susan. She says that this may be too early in the roll-out to ask this question, but how will encryption work for emails in CPRS. Will there be a separate card reader to attach?

DEYNE BENTT: So currently the Apple devices are exempt from they used to need for PIV card

readers to access the VA networks in a secure fashion. All transmission to and from the devices is encrypted. And there are many security layers about these devices which make them safe and that they protect PII PHI. One is that everything on the device is naturally encrypted by the operating system, all information traveling to and fro is encrypted. And there is a strong password requirement to-- it's a mandatory requirement, it's enforced-- to protect the device, a screen saver password.

And also we don't save any patient information on the device itself. So all of the applications that are developed by the VA that accesses the VA systems and the patient record, they do not store any of that information on the device, so that in the event that there is loss or misplacement there's no sensitive information on the device.

LYN SCHULTES: OK, we do have a few more questions. But just a quick time check-- we're about eight minutes away from the top of the hour. So Deyne, if we want to wrap up the presentation and then we can get to all remaining questions at the end.

DEYNE BENTT: OK, thank you. So moving on to phase three. So phases one and two were essentially the pilot stages of the VA Mobile Health Provider Program. Phase three is the release of this program to the enterprise, where Veterans Integrated Service Networks-- or VISNSs-- or medical centers can request and purchase mobile devices for clinical care using their medical care files. They will be purchasing these through the national contract, so they will benefit from the lessons learned in configuration and the optimization of delivery of these devices. And also they will be benefiting from the bulk purchasing capability that will be there because we will all be buying them through a central point.

Efforts will be made to ensure that there is equitable availability of mobile devices across the enterprise, so that all facilities will get a chance to apply for to request and purchase these devices. We will be ready to start the request process within the next month or so. Requests will be made through a portal, where you will request a number of devices, you will be receiving cost information. And we will be able to

track the whole purchase process through the system so that we can take care of all the requests.

So what are the results of what we've done so far? We have surveyed the clinicians who've received these devices at all of the facilities. And we've seen that essentially the program has so far been a success. We've seen that 92% of individuals like what we're doing with innovation-- they believe that this is a useful and valuable program. We are able to also track utilization of these devices. And this shows that-- at one period of time it showed that roughly 72% of program participants were online and using their devices. We can see that there is some discrepancy between 72% and 92%. We believe that we would have an even higher utilization of these devices if the VA-developed mobile apps were released and in place.

We have some anecdotal stories from providers in the field. Doctor Liu is the chief of nuclear medicine at the Washington DC VA Medical Center. Shortly after he received his device he was on call, on the way home, when he received a call to review a radiological study. He decided to-- rather than wait until he arrived at his house-- he pulled over, fired up his iPad, was able to review the image and make a diagnosis which-- after he called back to the Medical Center to make his recommendations-- this happen to be a situation which was very time sensitive for treating this condition. So the patient benefited significantly from the fact that Doctor Liu had this mobile technology available at his disposition.

Doctor Leslee Davis is a physician in Orlando. She was able to use the device for patient education. The patient had a skin lesion that they were worried about. She was able to pull up images which explained the difference between different types of skin lesions, which significantly facilitated the educational aspect for this one patient.

We also have Doctor Niles who is a hospitalist in Tomah. She often has patients who are unstable that she's taking care of. She enjoys the fact that she does not now need to leave the patient bedside to place orders when she's taking care of a critically ill patient. She also is able to use the 10 inch screen on these iPads for patient education in the same way Doctor Davis does in Orlando. So with that, I'd

like to open up the floor again for the questions.

LYN SCHULTES: OK, great. And we have had a number of questions come through. So any that we don't get to in the next couple of minutes we'll be sure to send an email around to folks with additional information. And we're happy to follow up with you, if you have any specific questions you'd like answered. One question we have from Emily. She said regarding commercial or free apps available, beyond security and privacy concerns has VA also thought about quality control or clinical standards in the use of those externally-developed apps.

DEYNE BENTT: So unless an application-- the answer is yes. And for applications that handle PHI-- protected health information-- or PII-- personally identifiable information-- those have to be vetted, they have to go through our security clearance before we make them available. And they will then be available in the VA app catalog. For commercial applications that do not handle PHI or PII, they are free to be downloaded from the public app stores like the Apple App Store.

Now other than that, VA does not vet or make any recommendations for commercially available applications in the health care arena. It is up to the individual to decide how they would like to use these applications and whether or not they find them trustworthy in the way that they use them for clinical care. As most of you know, the commercial app store has a very good app rating system, which is great for giving information on how valuable these applications are. Next question.

LYN SCHULTES: OK, well we are at the top of the hour, unfortunately. So we're going to respect everyone's time and wrap up the presentation today. However, for any questions that we haven't been able to get to we will certainly circle back with all of you who have joined us today and respond to via email. Additionally, there will be a link in that email to download today's presentation so that you can review it at your own pleasure.

So thank you for our presenters today, Deyne and Kevin, and thank you everyone for joining us. A link to a survey will be sent to shortly. Please take the survey and let us know what you thought of today's presentation and if there any topics you would

like us to cover in the future. And we hope to see you next month on May 15, 2:00 PM Eastern, when we will be talking about the 311VET app. So have a good weekend, everyone. Thank you.