

VA Mobile Discussion Series

Annie App

VA's Mobile Discussion Series is a monthly webinar featuring a variety of topics focused around app development and mobile health at VA. This discussion covers VA's Annie App.

Rob Hennessy: Hello, everyone. Welcome and thank you for attending our VA Mobile Health Discussion Series webinar. My name is Rob Hennessy. I'm going to be the facilitator for today's session. I'm going to run you through a few brief technical reminders before we begin the discussion about Annie. Right now, your phone lines are muted, so we're going to be taking questions through the chat feature. The chat function is available to you at the right of your screen. Hopefully, you can see it there. If you experience any technical difficulties during this session, please use this chat box feature, and someone's going to be in touch to offer assistance.

Today, we're welcoming Brian Vetter as our presenter. Brian is a member of the National Annie Implementation team, so we're very happy to have him. As mentioned before, if you have any questions for us, please use the chat feature. We'll pause the presentation about midway to answer questions before we begin the actual demo. We'll also take questions at the end. If anyone wants to download the presentation, please click on the filename below the chat screen.

I think that's about it for announcements, so thank you again for attending today's discussion. With that, I'll turn it over to our presenter, Brian Vetter.

Brian Vetter: Alright. Thank you, Rob, I appreciate that. For those of you who – I don't recognize a lot of names on the call – I'm Brian Vetter. I'm new to the National Annie team, and I recognize a few of the My HealthVet Coordinators on the call, and I spent the last eight years or so of my VA career working with My HealthVet, so this is a new position for me, and I'm very excited to be working with Annie. With that, let's get started on Annie.

For those who haven't heard yet, Annie is VA's automated text messaging platform for Veteran self-care. I really want to emphasize the Veteran self-care aspect of Annie. As we go through and you're thinking about asking some questions, try to keep that in mind that the concept of Annie is to help Veterans with their self-care, and that will make a little more sense as we go through some of these slides.

What we're going to cover today is, real quick, we will go over the Office of Connected Care mission; I'll give you an overview of Annie; discuss some of the key benefits of Annie, both patient and staff side; discuss the protocol use feature within Annie; show you the reports and message history of the functionality of Annie; briefly discuss the national release plans; and then at the end, we're going to jump into the actual Annie site to give you guys a quick tour of the interface.



So, the Office of Connected Care mission is access and the Veteran experience will be enhanced through information and communication technologies that are effectively integrated into the daily lives of Veterans and VA staff.

So that's really what we're focusing on with the release of these apps, and Annie's the first of many apps that are going to be released, and many apps have already been released. But really, try to keep in mind, and again as you think about Annie, keep the integration part into the daily lives of Veterans and VA staff. And just kind of have that thought in the back of your mind: What could you do, as VA staff, to integrate this technology into your practices, and what could we do to assist our patients with utilizing this technology on a daily basis.

Alright, so Annie is not an acronym, even though we work in the VA. Annie is actually named after Annie G. Fox, who was the Chief Nurse at Hickman Airfield during the raids on Pearl Harbor. She was the first female to receive a Purple Heart for her efforts in that event.

The VA chose to name Annie after a famous female nurse because this project is a collaboration with the British National Health Services. They've been using a system called FLO, which they named after Florence Nightingale. Over a decade ago they started working on text messaging over in the UK.

And so, since the UK is helping us with Annie and sharing their successes with us, we're following through to naming our program after a famous female nurse. Australia is also working with the UK in creating a text messaging program for their health system, and they're naming their program Nellie, after a famous nurse in Australia named Nellie.

On the screen here, you see Dr. Jennifer Roth, and she's a psychologist at St. Cloud VA in Minnesota. She's been a pivotal member of piloting Annie in our limited field test sites with the Mental Health Program. So, she helped develop five different mental health protocols that have been in use for some time now, and she's continuing to hear from patients a lot of success stories. What she keeps hearing is that Annie is promoting patient autonomy. It's helping them maintain their self-care, and being an active member, and tracking and monitoring their care wherever they are. Veterans keep telling her that they feel more connected to the VA because they're being checked in by Annie on a regular basis.

Now on the screen, you see Dr. Lynn Kataria. She's the Chief of Neurology Education at the Washington DC VA. She's been using Annie with the neurology for the past year or so, and she's saying that Annie should be wholeheartedly endorsed by, really, all of her colleagues, and it's allowing them to reach patients in ways that they couldn't previously do. The feedback and information that they're obtaining through Annie is really helping to provide improved outcomes down the road for them. So, they're really seeing a big impact with patient care through the use of this text messaging program.

Alright, so let's jump into some details on what Annie is all about. So, as I've alluded to, Annie is an automated texting program where messages are sent and received to patients, via Annie.



So, Annie allows Veterans to track and monitor their own health via SMS text messaging. Clinicians are able to create and assign automated protocols to Veterans, and depending on the type of protocol that's assigned, there's data that might be exchanged. Any data that's exchanged is viewed, either in graph or table format, within Annie, and all the patient's individual responses are also monitored and kept in the system for patients and clinicians to review, should they feel necessary to do so.

The assignment of clinical protocols does require that a licensed clinician have a discussion with a patient and complete something that we call, "Verbal Consent." We're going to talk a lot more about verbal consent and really what that entails at the end of this, because it's a very important piece of Annie that we don't want to cut short. So, we'll discuss a few slides here at the end of this presentation to really explain the verbal consent piece.

Annie is voluntary, and it has two main forms. So first there's what we call, "Facility Broadcast Messaging," and this is a feature that allows patients to select one VA that they want to potentially receive broadcast messages from, and it also allows them to choose nine different categories of care that they're interested in receiving.

So, some examples are just, you know, general messages, prevention, diabetes, heart disease, mental health, depression. So, there's nine different categories that patients can select. And then, when a VA chooses to send off a broadcast message, and they tie it to one of those categories, any patient who has subscribed to those will receive that broadcast message.

Hopefully, some of you are seeing the potential there. So, for example, with prevention, maybe it's going to be flu season here in a couple of months. A VA can send off a prevention message to say, you know, "Our flu clinics are starting at this VA, this place and time. Stop in and get your flu shot." And you know, we can reach, potentially, hundreds or thousands of Veterans down the road with one simple text going off.

So, a lot of potential there with broadcast messaging. It's also being looked at being utilized for severe weather, so maybe it's hurricane season and some VA clinics are closed, we can quickly reach out to Veterans via text messaging to announce that closure. Maybe in the northern parts of the United States if there's blizzards, we can also reach out to patients that way.

The bigger feature though of Annie is the automated clinical protocols, and we're gonna go into much more detail on those in a minute. Annie messages are automated, so Annie is not direct messaging between patients and clinicians. I've given this presentation a few times and at least one call, there were some nurses listening and they had their phones off mute, and I could hear them talking saying their concerns about giving out their personal cell phone number so that they can text with patients.

That is not the concept at all, right? The concept is, we assign a protocol and that protocol sends and receives the messages to patients. This has nothing to do with a live body on the other side of the phone, and it's not asking the clinician to use their personal cell phone to communicate with patients.



So, some of the benefits of Annie. On the left-hand side of the screen, you see the care team benefits, and what we're seeing is that it's helping to enable the collection and synthesis of clinical data outside of office visits. So this is helping to reduce the need for staff interaction between patients, and it's helping to make better care decisions for patients, or with patients.

It's provided automated clinical feedback, which is helping to increase patient safety and education. It's provided automated treatment prompts and information, so this is helping to reduce phone calls and questions of the care plan.

Keep in mind that, as protocols are created, they are being vetted by national and more local content experts. So, people who really know the details and the information that should be shared. And so, this is a way for us to reach out to patients in between visits and share some of the best practices or standardized care with patients that is truly vetted by clinicians.

We're also finding that Annie's assisting with the review in documentation with patient care, especially for chronic disease management. A lot of nurses in our limited field test were very quick to realize that, if they're following a patient for hypertension on a monthly, or bi-monthly basis, that if they put them on Annie and have the patient record their blood pressure through Annie, that information and data is automatically tracked through the Annie system. So then, when it's time for their weekly or monthly phone call with the patient, they simply log into Annie, pull that patient's data up, and all of their blood pressures are right there with a click of a mouse. They don't have to spend their first five minutes of their phone call asking the patient to read off their, you know, last week's worth of blood pressures, and then quickly analyze that information with the patient on the phone. It's right there for them to start making decisions with.

And it also reduces the need for care team phone reminders to patients. Annie is doing that automatically.

On the right-hand side you see the Veteran benefits. So, we're finding that Annie is empowering Veterans for self-care. It's enhancing the active partnership with their care team. Patients are saying they feel more connected, more supported. They're telling us that it fits into their daily lifestyle, maybe more so than some other technologies. Maybe some technologies require a patient to be at home at a certain time to respond or do X, Y, and Z. With Annie, it's in their pocket. It's on-the-go with them. And so, it fits very nicely into Veterans who have very active lives yet.

Even though patients do know that it's not a live person on the phone, they are saying that they feel the VA's checking in on them, that somebody cares, and they do feel more supported, even though they're fully acknowledging that it's a computerized system doing this.

Annie is also empowering patients to use their own data and review their own data. With Annie, it's really the first of its kind where, a clinician can log in to Annie, pull a Veteran up and look at that data. A Veteran can log in too to the Annie system, using their My HealtheVet



Premium credential, or an ID.me account, and look at the same information that they are exchanging with Annie.

So, if they're sending in their blood pressures through Annie, they can log in and quickly view a graph of all the blood pressure that they have sent. So, it's information that is shared both with the patient and the clinicians.

Alright, so more details on the protocol use of Annie. Alright, so protocols provide the ability to put medical guidance into a personalized, automated care plan. When providers assign a protocol to a patient, they have the option to tailor any of the preset protocols that we have created.

So how Annie works is, we have the master library of all protocols that have been vetted by content experts, and that we know that they're good-to-go as-is. But then, when a clinician grabs a copy of that and assigns it to a patient, they can then customize that. So, they can say, "You know what? This is supposed to fire at 8 a.m., but this patient sleeps till 10. So let's have this message fire at 10:30 a.m. for this Veteran."

You know, maybe it's a vitals where we have a high or low parameter set. But it may be for that specific patient that a high parameter needs to be bumped up a little bit based on how that patient's vitals tend to run. A clinician can simply make that adjustment to that patient's personalized protocol.

And then, in some situations, maybe a clinician wants to add additional messages, or edit some of the messages to be more specific to their particular Veteran. They have the ability to do that, as well.

Alright? And protocols are, what we call, "a series of templates." So, some are very simple, and some are very complex. A very simple type of protocol might just be a motivational message that goes off to a patient to say, "Good morning, it's Annie. Time to take your medicine." And that's all there is to it. The patient gets that message, hopefully they are reminded to take their medicine, and they go on with their day.

Other protocols might ask a patient to send in their weight, and depending on what that weight is, they might receive additional responses, or be asked yes or no questions, or be asked to provide some kind of categorical response that we can trigger to make more robust and interactive protocols.

The example you see on the screen here is for a Veteran who's on a hypertension protocol, and you can see the message says, "Hi, it's Annie. Please take your blood pressure and send to me the result in the following format: BP 120 80."

So anytime a patient sends in vitals, or data to Annie, they use a keyword. In this situation the initial BP for blood pressure is the keyword. So then Annie knows that this is in response to a particular vitals template and it graphs that data automatically for the clinician and Veteran.



So, the patient in the blue there texts back, “BP 120 80.” And Annie simply says, “I’ve got it. Thanks for sending your blood pressure reading. I’ll keep in touch. Annie.” Right, so that’s a very straightforward example.

On the right-hand side, you can see the same message is sent to the patient, but this time the patient sends back a blood pressure that’s a little bit low. So, Annie response automatically that, “Your blood pressure is low. The top number is 90 or less. If it doesn’t improve, or you’re not feeling well, notify your care team.”

So, Annie knows, based on what the patient’s readings are, if it’s a low reading, a high reading, a critical low, or maybe a critical high. There’s going to be some future functionality, as well, that’s going to make that even more robust. So, depending on how low, or how high a reading might be, Annie can give different guidance back to the patient, so that they’re taking appropriate actions and following up with their care team or calling for emergency help, if that’s what’s indicated.

And keep in mind, this is just an example. That’s not exactly what a blood pressure protocol is going to say. So, if you’re panicking that that’s not enough information, or it’s not providing a phone number, this is just an example.

We’ve got some technical difficulty here on this slide. This slide is supposed to show you what the reports look like in the Annie system, and we will show you that in the live demo. We’ll pull up a test patient’s information and graph it out for you.

So, some of the other features in Annie that allows us to track and trend information is the Message History. So, all messages that are sent or received via Annie are saved in here. So a clinician, at any point, can log in and view all exchanges between Annie and the Veteran.

It allows you to look at protocols, or filter by protocol. So, Veterans can be on more than one Annie protocol at a time. And so, if it’s a protocol that, if there are multiple protocols, but it’s not ... some of them aren’t protocols that you, as a clinician, are interested in, you can simply filter it, to look at the one specific protocol that pertains to your specialty.

You can see the date and time all messages are sent. In the Alert Category, if there’s any critical highs or lows, that flags your eye to kind of catch those, if you’re reviewing the data this way. And then it shows you exactly what the message says, so you can read the messages if that’s what you wanted to do.

On this screen here, it’s another view of the Message History, but we have a lot of protocols out there that information can be very beneficial to the care team to read and review, but it’s not put in graphs or tables format for a clinician. And these would be templates or protocols that patients are on, they’re what we call, “Scaled Response,” or “Categorical.”



So maybe a patient is monitoring their mood, and that's what this example is on the screen. And maybe they're rating their mood from one to ten, with a mood of one being very low, and a mood of ten being very high.

When a patient replies with those, the clinician can log in and quickly assess the patient's mood on what they've been over the last week, month, six months, whatever it might be, by either reviewing down the list of the messages and just looking for the mood and its rating, or they could filter and look at just received messages, which would simply show just the patient's responses to Annie, and be a very quick glance for them to see what the patient's been rating their mood at. And that can help with, as we're finding, as talking points and some discussion during patients' mental health appointments.

And that's just one example. There's all kinds of them out there for categorical and scaled responses. Pain being another very exciting one that clinicians are looking forward to.

Okay, as promised, we're going to discuss more of the consent process. So, on the left-hand side, we see the information that a clinician should be discussing with a patient prior to assigning any protocols to them. It's very easy to complete registration with a patient. We really need to make sure that we're covering the information that a patient needs to know, to truly understand what they're getting themselves into.

I don't want to make this sound overwhelming, because it isn't, but it is an important step. We don't want this, and this really can't be one of those, "Check here to say that you agree to the terms of use." And, like all of us, the patient will just say, "Oh, yeah, yeah. I agree," and not really understand what they're agreeing to.

So, this isn't really just a box you want to check; we really want to have a conversation. We really want the patient to know that Annie is for self-care. That the use is voluntary, so that they can start and stop at any point that they wish to. Any and all data that is collected through Annie is subject to federal law and all of the privacy rules that we abide by. They need to know that their healthcare teams do not regularly monitor responses sent via Annie. And along the same lines they should know that there's no alerts being sent to the care team. You know, if a blood pressure, or blood sugar is high or low. Patients are responsible for their own health, and they must contact their care team for medical issues, or if there's emergency they need to call 911. They should know that text messaging is not secure, and that it may incur cost depending on their data plans.

What we mean by "not secure" – we're not exchanging patients' names, dates of birth, social, any of that personal information, but maybe a patient doesn't want a text to pop up on their phone in a meeting and have coworkers see it that says, "Hey, it's Annie. Send me your blood pressure."

You know, that could be sensitive information for that patient, and they don't maybe want the staff to see that message pop up. So, they need to be aware of that. You know, these aren't encrypted messages, and that they may see that.



Like I said, texting “Start” and “Stop” begins and ends the use of Annie, and patients are at liberty to do that whenever they wish to. And then, any facts that the patients should know about, to understand the protocol that they’re being assigned. So, if they’re being assigned a blood pressure protocol, there should be some brief discussion on why the clinician thinks that Annie might benefit them with monitoring their blood pressure at this time.

And at this time, within Annie, only licensed clinicians, such as the list you see on the right-hand side of the screen – that’s not an inclusive list, it’s just for example purposes here – are who can be doing the consent. Alright, so these are the staff who could and should have these conversations, prior to registration and assigning the protocols to patients.

Alright, so national release and rollout of Annie is coming, and we’re looking at sometime in mid-to-late September, for national release. We really have a two-pronged approach that we’re working with. So, for the past several weeks, we’ve been doing demos with the specialty program offices and reaching out to them to explain to them what Annie is, and have them help create and vet some of the protocols that we have within Annie, so that when we go to national release, we have an array of protocols for facilities to utilize.

We’re also having them trickle down information on Annie through their national service lines, down to facilities and hopefully frontline staff, for what Annie is about. In the box you can see the list of specialties that we have started with, and we have two more rounds of specialty rollout to go, as well.

And then, once we go live with Annie, it’s going to be a VISN-by-VISN rollout. So, our national team will work with one VISN at a time to do a train-the-trainer approach. So we will train VISN leadership in Annie, and their VISN POCs, and then we will work with that VISN to help them identify local POCs in which facility that they would like to start Annie with, and then we will help them train one or two sites for staff with Annie, and get some clinicians up-and-running on Annie, and get a few Veterans enrolled, and then they are free to expand Annie throughout their facility and VISN, at a pace that they’re comfortable with, and really start [inaudible 00:22:52] whatever service line that they’re comfortable with.

The thing with Annie is, we want to be organic, this isn’t an app that we’re saying, “All sites have a deadline of this day to be up-and-running, and this is what up-and-running means. That 80 percent of clinicians will have 40 patients enrolled.” That’s not happening with Annie. It’s going to be much more organic, and as people are excited about it, let them work with it and run with it.

We’re working very hard to have an array of protocols available, so this doesn’t have to start in primary care, like so many other programs do. Maybe a facility wants to start in mental health, or in a specialty service. You know, they’re at liberty to choose in which service line they start with.



And then, kind of a little asterisk here at the bottom, we are working with research teams. There's a lot of interest around Annie for researchers. And so, it's kind of a separate track that the research teams are following, to participate with Annie and do some valuable research.

Alright, and we're going to switch over to a demo now. As we get that loaded up, I think we have a few minutes to take some questions.

Rob Hennessy: Yes, Brian, we do. We've got a few questions here, thank you. We have Brian Vetter and Brian Olinger to answer some of these. Our first one is, "Are vitals able to be transferred to CPRS when they're tracked on Annie?"

Brian Olinger: I can take that one Brian. This is Brian Olinger. So, when patients send in vitals, such as blood pressure or weight, it goes to Annie, and clinicians can then log into Annie and see the vitals through charts or a table view.

But the vitals are also getting sent to what we call, "a patient-generated database," and this has been a vision of Connected Care for a while. We have several apps that are being developed, and the patient-generated database is where all these different apps would consolidate this Veteran data.

And so currently, no, the data wouldn't be seen in CPRS, but I know that we have an application called Patient Viewer, which is kin to CPRS on a mobile device, like an iPad, and it would be available to see patient-generated data.

A good example would be, somebody sent in their weight from an Annie protocol, they logged into Patient Viewer, they could look at the patient-generated data for that patient and would see, "Oh, weight came in from Annie." And then you might see, you know, weight came in from another app, like Mobile Kidney, or a weight management application that was built.

So, does that answer your question?

Rob Hennessy: Yeah, we'll move on to our next one here: "Will Annie replace some of the Home Telehealth Programs?"

Brian Olinger: So, Brian, you can speak up if you have— but, I think that it's not going to replace the Home Telehealth Programs. I think it's going to augment. So, I believe there's some opportunity on there to get some patients on protocols that could augment some of the Home Telehealth Programs that we currently have. And Brian, I don't know, you probably ...?

Brian Vetter: Yeah, there's been a lot of interest around Home Telehealth and Annie, because there is that similarity there. Some sites are looking at Annie. I've heard them refer to it as Home Telehealth Lite. So maybe they see a patient's condition progressing a little bit, but they're not to the point where they need, or they qualify for, Home Telehealth. Well, let's put them on Annie as a prevention measure that would maybe do some of the same things their Home Telehealth could do, but on a less resource-intensive way to do it.



Some sites are looking at saying like, the HT MOVE! Program. A patient's been on the MOVE! HT Program for two years. Well, let's say it's time to graduate you to the Annie weight management protocol instead and make room for that clinician to add a person who needs to start Home Telehealth MOVE! on that system.

Other sites are saying— having patients not remember to respond to Home Telehealth, and they are using Annie as a way to send reminders to patients to say, “Hey, time to respond to Home Telehealth,” and connecting with patients that way, and they've actually seen some significant improvements by doing that.

So, there's obviously room for both, and I think, like Brian said, they can augment each other very nicely. Annie is not a system for everybody. I think, you know, this couldn't replace Home Telehealth. This is not a system where the alerts are coming to clinicians. It's not meant for that.

So, Home Telehealth is really for the patients who need that intensive monitoring. That needs to be there yet. Annie can't be a replacement for that.

Brian Olinger: Right.

Rob Hennessy: Great, thank you. One more question maybe before we start the demo. Can a Veteran be on two protocols, or two or more protocols at the same time? Just wanted a clarification there; I know it was mentioned.

Brian Olinger: Yeah, absolutely. And so, we could see Veterans who were maybe quitting smoking, and so they were on a smoking cessation protocol, which coached them through how they were doing with quitting tobacco, and then they might want to be on a weight protocol, as well, to see if they were keeping their weight in check while that was occurring.

So those two are related, but you could have two totally related different protocols that a Veteran could be on. So, the answer is yes, the only caveat that I would give you is that a Veteran can't be on two protocols that collect the same vital and have the same keyword, I guess. And that one's probably a little down-in-the-weeds, but Annie works off a keyword. So, if Annie says, “Hey Brian, I hope you had a good day. It's time: please send in your weight. Send in the weight by saying: W-E, for weight, and then, what your weight is.”

Well, you can't have two protocols of the same, that both respond W-E, because it won't know the difference. So, there are some caveats, but generally, yes, a Veteran can be on two or more protocols at the same time.

Rob Hennessy: Great, thank you. I know we have a few more questions coming in. Brian Vetter, would you like to get going with the demo and we'll take some more questions at the end?

Brian Vetter: Yeah, let's do that, because maybe the demo will help answer some of those questions. But we'll definitely leave at least 15 minutes here at the end for more questions.



Rob Hennessy: Great. Thank you.

Brian Vetter: I think you can see my screen. This is Annie 4.0, and you can see at the top, we have a few selections on her banner. The only active ones right now are Patient Summary, which is, a summary of the patient, and these are all test patients that I have registered and consented myself within the system. So, they show up as a quick way for me to either get a snapshot of what's happening with that patient or to select them to open.

So, we can see that, you know, I have the name of my patient, if they participating – we can see that this Veteran chose to stop, so they're no longer utilizing Annie – when the last time they sent a message was, what that last message said, and then, if they're subscribed to the broadcast messaging, it tells me if that's turned on or not.

The other option we have right here is patient search, and this is either how we can search a Veteran that maybe I didn't consent in Annie, but I'm now working with them, and I want to assign a protocol to them, if they're in Annie. Or, if they're not in Annie yet, this is a way that I can pull them in from VistA.

So, you have, really, the same ways you search for patients in VistA or CPRS, you can do an initial and last four, or last name/first name, or full social. I'm just going to put a test patient in here, and you can see that this patient, patient Z0004, was not found in Annie. So, then it simply gives me the option to click "Search VistA," and it will pull that patient into Annie and automatically pull up the registration form for me to go ahead and complete and add the patient into the Annie system.

Another example here for a patient search, I search a patient Z with four zeros and you can see it's George Washington, and he's already in the system, so if that's the patient I was looking for, he's already in Annie, I can simply select his name, and then assign a protocol to him, if that's what I'm looking to do.

So, we're going to go back to the patient summary page, and I'm going to pull up in, on a test page that we've been doing a lot of testing with, and once you open a patient into their account, it automatically takes you to the Protocols tab. So now you can see that I have three more options to navigate through. I have the Protocols tab, and this relates specifically to the one Veteran I just opened. I have the Message History tab, which we explained a lot about. And then the Reports tab, which we're going to show you in a minute.

So, this patient is currently on three protocols, and we can see that he has three enabled, and we've tested 21 other protocols with this Veteran, as well, that we have stopped or disabled at this time.

So, you can simply come down and look at the protocols you're interested in and if you want to edit or view that protocol. So maybe the patient called the clinician and said, "You know what? I need my protocol to fire at a different time now." You can simply go in there and edit the time that that protocol is firing for the Veteran.



I don't want to go into too much detail within the editing view here, but just so you know that that's always an option. Or maybe a patient calls to say, "You know what? I want to stay on Annie for broadcast messaging, but I want this protocol to stop." This allows the clinician to simply click on the Enable button, and it disables the protocol and turns it off on behalf of the Veteran if they didn't want to do that themselves.

This is also where you can assign a new protocol. So, if you are in here, you can simply click the "Assign a New Protocol" tab ...

Brian Olinger: And while that's loading, I know Brian, you talked about the Edit View, but there may be some examples, and it's loading now but, there may be some times when you may want to change the designated time that the Veteran receives the protocol, or you may want to adjust a message. Just because you use a standard protocol, you would have the ability to tailor that message for your needs, that would go out to the Veteran, or the times and the schedules.

Brian Vetter: Yep. So, when you're assigning a new protocol, it's going to take you to your Protocol Library, and you can see the list of all the protocols that we have. It kind of gives you the protocol name, what we call, "The Focus Area," or in the future this will be called, "Condition," but it kind of tells you what the focus of that protocol is.

So, the Activity Engagement Protocol, the main focus is for patients with depression, or if you want to monitor their mood. And so, you can simply scroll to the library of protocols that you want to look at and select the one that you want, and then assign it to that Veteran. So that's how the protocols and the assignment of a new protocol works.

You can also filter in here. So, Annie is full of filters to make it very usable for clinicians. You can either search by keyword, or you can search by measurement areas. There's all kinds of ways you can play around with narrowing down the exact protocol that you're looking for if you don't feel like scrolling all the way through.

Alright, so now let's show you the Message History tab. So, you can see we have several pages worth of messages and exchanges with this patient because they've been on 26 protocols. So, it automatically defaults to the last six months' worth of protocols for me, and again, it shows you the protocol, the date and time, and what the actual message said.

It's very filterable, so we can click on the protocol section. Instead of showing all messages, let's just look at some protocols – and I can simply pick maybe one protocol that I'm interested in looking at. Now I'm just looking at the messages that are exchanged for the sleep hygiene protocol. And now maybe I just want to look at the messages that the patient has sent in. You can see how this is really narrowing down what the information is. So now, as a clinician, I could say, "Oh look, this patient's not having trouble sleeping typically. They're rating their quality of sleep pretty high for the past two weeks." It gives you a quick glance on what's going on with that patient.



You can see right here that this text came in wrong. The patient texted, “Trouble yet,” versus, “Trouble yes.” And so, they had to re-text their message back in the system for it to be recorded.

And then I promised the Reports tab, so let’s spend a little time in here. So, this is how, when you pull up the patient automatically, it gives you a quick six-month summary of any vital the patient’s been on in the last six months.

So, this test patient has recorded four different vitals. And we put “vitals” here in quotes, so if there’s a clinician on the phone saying, “You know, blood glucose isn’t a vital, or weight’s not technically a vital,” we understand that – that some of these that we call, “vitals,” like caloric intake, that they’re really more measurement, or readings. Future versions of Annie will kind of account for that language, just FYI.

But you can see, it gives you a quick glance of what the lowest reading was, what the highest reading was, it averages it out, and then what the most current, the last reading that was sent in, and then how many days a patient has been responding to that particular vital or measurement.

If you don’t want to look at all this information at once, you can simply uncheck any of the ones that you’re not interested in looking at. And then, if you want to look at the— When you click on the “Combined Report,” it’s going to graph that data for us.

Alright, so here is a quick graph of the patient’s pulse for the last six months. If you want to see the details of it, you can simply hover over any of those data points, and it tells you the exact date, time and what the reading was.

I heard the question asked about integration with CPRS. This does not pull into CPRS, as Brian answered, but clinicians have found, if they click on the Table functionality here, that this copies and pastes very nicely into CPRS, in table format. So, clinicians have been doing that and documenting accordingly by pulling this data over into their progress notes.

And if we want to add the blood pressure, to look at it along with the pulse, we can see both charts, side-by-side.

It looks like we have about 20 minutes. I think I’m going to stop the demo there, and why don’t we go back to some questions. Was there anything else, Brian, that you’d want to point out or highlight here?

Brian Olinger: No. I was hoping you may leave it up, but that’s okay. So yeah, let’s answer some more questions.

Rob Hennessy: Okay, great. Our next one’s from Gwendolyn, “Will Annie be incorporated into My HealthVet, as online scheduling has been incorporated?”



Brian Olinger: So, I wanted to just clarify one thing. From a Veteran's perspective, Annie can send messages in two ways. From our limited field test, the primary method that the Veterans have been engaging with is through their phone. So, you get set on a protocol, their mobile phone number is entered, and they get a text message on their phone from Annie. It says, "Hi Annie," with a message, and then they can respond to that.

But we do also have the Annie app, where it basically mimics the messages that come on the phone. So, a Veteran can log into the Annie app, and see their message history, and see what protocols they're currently on.

And so, we don't have a plan right now with a timeframe to put it on My HealthVet, but that sure does seem reasonable and would benefit everybody if the link to the Veteran app was on Annie.

Rob Hennessy: Great, thanks. How about, "Who is designated to coordinate Annie at each facility?"

Brian Olinger: So this is part of the rollout plan that Brian was talking about, and Brian, you may want to jump in if I fumble this one, but we're working with limited field test sites, and we're working on a process of engaging clinical leads in clinical, or clinical leads and system admin folks to manage the Annie application.

And so, I think this is going to be a per site type of implementation where it makes sense to apply the right people. So, I don't think we want to say, "Oh, you absolutely have to be in this role to manage a protocol in Annie." Or, "You absolutely have to be in this role to do this with Annie." Or add ... We have a team functionality where you can create teams and share protocols between the teams.

And so, we're still kind of keeping that open, but there will be clinical leads that will need to approve new types of protocols and ensure that the protocols are safe and meet the mark of what they're intended to do.

So, Brian, I probably fumbled that pretty well, but ...

Brian Vetter: No, that's all very true. I think we found, just in the limited field test sites, it probably fits better with somebody more in an administrative type of role, versus a clinical role, as far as being the kind of boots-on-the-ground person to work with Annie. You know to, at some point, create protocols and manage the teams, some of that aspects. But there's all kinds of positions that it fits very well with.

Brian Olinger: Right, and then you would think the broadcast admin would probably be related to somebody in the communications area, where they would engage in as far as the broadcast admin piece.

Brian Vetter: Right, yep.



Rob Hennessy: Brian, I think you're alluding to this, but can users create custom protocols, or must they choose from existing ones?

Brian Olinger: Right, so that's the real power of Annie. So, we've done a lot of work with our specialty groups, and Brian shared earlier, the primary care, mental health and medicines, to try to vet protocols that are nationally approved. So, when we roll out Annie nationally, there should be a good set of protocols that clinicians in these specialties can choose from and know they've been vetted by the national program offices.

But yeah, definitely, the power of Annie is going to come, too, from custom protocols made by the sites. We've actually got a process that we're working on that is probably not going to be implemented right at national release, but a process where protocols are created at the team level, and this is where the clinical lead would come in to help approve the protocol being used.

If that protocol was beneficial, or deemed good, that team could look to promote it to perhaps the site VISN and even to a national level protocol. So, we're really looking for that to be, like Brian mentioned earlier, this is like a homegrown application that we're hoping is beneficial for everybody, and not just something that people have to use.

Rob Hennessy: Great, thank you. Next question here. "How will providers know a patient is on Annie? Will there be any kind of designation in CPRS, like with My HealthVet? And I think the example, for instance, when two specialties might be interested in the same data."

Brian Olinger: Mm-hmm (affirmative). So-

Brian Vetter: Yeah, and this has come up in-

Brian Olinger: ... Go ahead.

Brian Vetter: ... the limited field tests that I'm in. I see the question here, you know like in CPRS, I know My HealthVet has a flag up in the right-hand corner. That won't be happening for Annie, for a lot of reasons.

But when a patient's consented, if a clinician did that, the reason that they put them on a protocol, they probably had a phone visit, or a face-to-face visit where something came up, and they could simply document within that progress note that, "As part of the care plan, we enrolled the patient in Annie on this protocol." It can be very simple.

Other sites, just for kind of the example that was brought up, to communicate across teams, or service lines in a facility, have created locally, you know say like, an Annie Note. And they can just document when a patient has enrolled and what protocol they were on. And so, it's a very quick way for a clinician who might not be reviewing all kinds of notes to see that, "Oh yeah, this patient's on Annie, and that's the protocol. I should maybe go look at that. Maybe there's some information there that pertains to me."



So that's how some sites have chosen to go about it, but there's no guidance as far as facilities needing to have those notes in place, but we'll have some examples and some information available to sites that wish to do that.

Rob Hennessy: Okay, another question here from Rachel, "Can we program this system to default to SMS, instead of the app, for a protocol?"

Brian Olinger: Yes, it'll ... When you select "Default to SMS," it'll automatically go to SMS. But when you default to SMS, they'll also be able to see the messages in the app. So, they don't have to log into the app, but anytime somebody logs into the Annie app, they would be able to see all the messages.

But on the other, I guess the ... I'm going to answer your question in reverse. You can set Annie not to send the SMS texts and only send to the app. So, if you do SMS, you're going to get SMS, and the messages will be visible in the app. If you choose just the Annie app, you won't get SMS text messages; the Veterans would only be able to log into the app to see the messages.

And that's where part of that, as Brian was alluding to, that initial conversation with the Veteran, that they understand, and I know we're ... I'm kind of old, so, when we first had SMS, it used to cost like either five or ten cents a message. And so, we do have to have that discussion with the Veteran, that their provider may be charging money for SMS, and that they understand that these messages will be coming across.

Rob Hennessy: Great, thank you. Another question here about credentials. Will the Annie App use My HealthVet credentials for login?

Brian Olinger: So, the Annie app has three – the Veteran app for login has three options. They can use My HealthVet, they can use DS Login, or they can use ID.me., are the three options we have there now. So, yes.

Rob Hennessy: Okay. Looks like we have gone through the majority of questions here. Someone else—

Brian Olinger: I do want to add one thing though on that. Just clarify one thing that, when Annie is nationally released, Veterans can log in with My HealthVet [inaudible 00:47:57].

Brian Vetter: Oh, Brian, we can't hear you.

Brian Olinger: Oh, are you losing my phone?

Brian Vetter: Oh, there you are. Yeah, you're back.

Brian Olinger: Yeah, I just wanted to clarify, because that was a great question. Brian, you showed earlier how a clinician would enroll a Veteran in Annie by searching for them, and then if they weren't in Annie, they could pull them in from VistA.



But the other option is, when Annie's nationally released, a Veteran can log in with their My HealthVet account, and they can actually register themselves in Annie. So, they can put in their phone number and indicate that they want to get broadcast messaging from a particular site.

Now, they currently wouldn't have any protocols assigned until they worked with their provider or their clinical staff to get a protocol assigned, but a Veteran could log in to Annie without ever engaging with the clinical staff and sign up for broadcast messaging, enter their phone number, and indicate whether they want to get the messages on SMS or the Annie app.

Rob Hennessy: Okay, so a question from Susan, "Is it possible for non-clinicians to do the consent process and then have clinicians actually assign the clinical protocol?"

Brian Vetter: So, some sites are choosing to create order sets for the clinician. But the key takeaway is that the clinician needs to be the one to have the conversation about what Annie involves and how it pertains to their care. And then, some sites have chosen to create order sets where the clinician can say, "I had the conversation with the patients, they understand and agree to the use, go ahead and register them in Annie and assign this protocol." There's an order set that communicates that to another level of staff. So maybe it's down to a health tech, or an MSA, or somebody else that would physically go into Annie and search the patient, register them, and assign the protocol. The key is that that licensed clinician is the one that's in the position with the knowledge of how Annie pertains to that patient's health condition and how they should be interacting with it, that they need to have that conversation.

As Annie goes forward into enhanced versions, right Brian, fill in any gaps here.

Brian Olinger: Mm-hmm (affirmative).

Brian Vetter: But the consent process, just to be in Annie, like Brian was saying, how a patient can really self-register in Annie, that piece could be done on behalf of a patient at check-in or check-out from an appointment, and just get the patient registered in Annie if they want to do broadcast messaging, get them set up with that.

And then the second piece to it, anytime a clinician assigns a protocol to a patient, they will be prompted to say, "Yes, I did verbal consent and we had the conversation. The patient agrees to it." So that will help streamline the consent process going forward.

Brian Olinger: Right, and I think that each time a protocol—And it depends, because as we think about Annie, the clinical protocols, we're working on that. And then we've also gone down the path of thinking about, "Well, what about non-clinical protocols, and things that are very simple that would still either enrich the Veteran or be helpful to them."

So, strictly talking about clinical protocols, the intent is that the clinician has the discussion with the patient on, you know, if you're going on a hypertension protocol, "This is how we'd want



you to respond, and this is how you could respond to better get prompts to take care of your health.”

Rob Hennessy: Okay, thanks. A few more questions coming in. From Robyn, “How will VA staff register Veterans for Annie? And can we use network computers?”

Brian Olinger: It says, “We can’t use network computers.” So, you’ll be able to get on from your network computer. I mean, that’s what you’ll have to— Actually, the latest version of Annie, that’s in limited field test, you basically use your PIV card or Windows authentication to get into Annie, and then you would just search for a patient.

I think Brian showed a demo that – if the patient’s already not in Annie, you just search for them again in VistA, and then bring them into Annie, and then set up their phone number and their preferences.

I hope that answers your question, Robyn.

Brian Vetter: Yeah Robyn, there’ll be a link into the Annie system. So, some sites are putting that into their Tools Menu in CPRS. There are ways to bookmark the Annie URL that clinicians can then use to access Annie. Yeah, you can do it from your work computer.

Brian Olinger: Yeah, and just to be clear Robyn, I see you’re doing a good job to ... The clinician would consent when the protocol [inaudible 00:53:28] so that’s where the clinician’s going to consent that protocol. So, there is an opportunity where a Veteran could log in and consent that they get SMS messages. So, there’s really two pieces there.

Brian Vetter: I think we missed Mary Mooth’s question, “When is the actual rollout?”

Brian Olinger: Yeah.

Brian Vetter: So, there’s not a concrete date, but looking toward middle- to late-September is when the app will be ready. And then it will be a phased rollout from there, going VISN-by-VISN, as VISNs express interest, or VISN leadership is ready for it to be brought onto their facilities.

Brian Olinger: And Tracy said they miss you in the My HealthVet world, Brian.

Brian Vetter: Yeah, looking forward to working with you all again, Tracy.

Rob Hennessy: A little bit of fan mail. That appears to be our last question. Wanted to be conscious of everyone’s time. I’m sure people have more to do today before we can go home. Thank you all for participating in today’s webinar. Thanks, in particular, to our presenter, Brian Vetter, for all the great information about Annie. And also Brian Olinger, thank you for weighing in, as well. Hugely appreciate it.



All the information from today – the slides themselves, the transcript, the recording – will all be up in a few weeks on the VA Mobile Discussion Series webpage. So, we'll post that in the chatroom, as well.

And then on the screen and in the chat, you're going to see our survey link. So, let us know how we're doing, if there's any other topics you'd like us to cover in the future. We do plan them months in advance, so it would be great to hear for you. So that link is there as well; please participate.

And again, thank you all very much for your time. Have a great rest of the day.

Brian Olinger: Thank you.

