

DENISE KENNEDY: Hello, everyone. Welcome and thank you for attending our VA Mobile Health Discussion Series webinar. My name is Denise Kennedy, and I'm going to run a few brief technical reminders before we begin the discussion about the Veteran Appointment Request app known as VAR. Your phone lines are muted. We will be taking questions through the chat feature.

If you're experiencing any technical difficulties, please use that chat function that is available to you at the right of the screen in the center there. That's also where we'll be taking questions. To respect everyone's schedules, we'll keep this moving so the session ends on time.

Today we welcome Dr. Deyne Bentt, Clinical Director of Mobile Health Deployment and Evaluation, and Andrew Kelleher, a presidential management fellow. Also joining us for questions today are Camille Smith and Kay Lawyer with Booz Allen Hamilton. As mentioned before, if you have any questions for our presenters, please use the chat feature, and we will stop to answer those questions as time allows. 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 filename below the check screen. With that, I'll turn it over to you. Dr. Bentt?

DEYNE BENTT: Thanks, Denise. Can you hear me?

DENISE KENNEDY: Sounds great, Dr. Bentt.

DEYNE BENTT: Great, thank you. OK, so welcome back to the Mobile Discussion Series. We're talking about the Veteran Appointment Request app, or VAR. And the reason why I say welcome back is because we have had a discussion series event on this same application

roughly a year ago when we were still in field testing.

So there have been several changes since. We're now in the midst of national implementation, but we'd like to go over the reasons for the application-- so what the problem was that the application is there to provide a solution for, to also describe some of the results from the field testing that has been taking place, and also to describe what we're doing as far as our national implementation activities.

So with that, I'd like to hand it over to my colleague, Andrew Kelleher.

ANDREW KELLEHER: Thank you, Deyne. And thank you to VA Mobile for allowing us to present on this exciting product. Next slide, please, or-- oh, I got it. So I'd like to describe a problem that our Veterans likely face at the first point of contact when receiving health care. I invite all of you to picture the experience of a Veteran attempting to call a VA facility to make an appointment.

Think about the challenges that the Veteran is likely to face. Now, when they call in to make an appointment, they may be faced with frustrating calls. They may experience waiting long periods on hold. And then when they finally reach someone, they're only passed along to another individual, other individual, and it leads to the likelihood of getting lost in phone trees.

Finally when they reach someone and hear about available times, they may feel a lack of control or limited options without that transparency on the schedule. Now, this is a problem for our organization because it interferes with our goal of providing comfortable, seamless care-- not to mention this creates an inefficient process for our employees.

Now, VA has set priorities and strategic objectives focused around improving Veteran and employee experience and customer

satisfaction in the service delivery [INAUDIBLE]. So we have to ask ourselves, how can we do better?

DENISE KENNEDY: Andrew, hi. This is Denise. Sorry to interrupt. We're having a few people who are having a little bit of a hard time hearing you and was hoping you could just up your volume a little bit.

ANDREW KELLEHER: Sure. Does that sound better?

DENISE KENNEDY: Yes, that's great. Thank you so much.

ANDREW KELLEHER: OK, I apologize. Please let me know if you need me to speak any louder. Now, both public and private health care systems have this problem with phone call scheduling. So one solution to this problem includes a mobile application. Now, this solution could be a mobile application that can schedule appointments with comfort, ease, timeliness, and transparency.

Think about if an individual is able to see, in real-time, written information that removes the whole concept of calling and allows for sending digital information. It removes frustrating calls. It prevents the likelihood of waiting long periods on the phone.

It hopes to allow for a one-stop shop and hopefully provides for more control over available options because the Veteran is able to see in real-time what is available, compare it with their schedule, and choose what's best for them. And we live in a digital age where our Veterans can directly schedule their own flights, hotels, restaurant reservations, and appointments with numerous professionals. So why can't they schedule their doctor's appointments in the VA?

Now, this is an important question, because there's a good chance that our Veterans can directly schedule their doctors' appointment outside

of VA. Numerous companies have created mobile applications that allow for patient direct scheduling of appointments. In addition, many health care systems have adopted this function into their practices.

Perhaps many of you may already be familiar with the Zocdoc, a mobile application that allows customers to sort through their providers by specialty, accepted insurance, geographic location, and then directly book an appointment in available slots. We see our Veterans as our customers, and they demand the same from the VA.

So I would like to introduce our solution to this problem, the Veteran Appointment Request application, or VAR. VAR is a mobile application that its current functions include the following. It allows for direct scheduling of appointments with one's Patient-Aligned Care Team, or PACT team. It allows for requesting appointments in primary care and mental health. And it allows the Veteran to view and cancel their current appointments.

Now, in order to use the app, a Veteran must have a DS logon level 2 or premium account. They must be enrolled in VA Health Care. They must be registered to a facility in order to make appointment requests at that facility. And they must be assigned to a primary care provider in order to engage in direct scheduling. Remember, they can directly schedule with their PACT team.

Now, the general benefits or where the value is realized for both Veterans and staff is centered around control and efficiency. So think about the control that a Veteran is likely to experience if they can directly schedule and provide for convenient requesting of appointments, the transparency of seeing expanded options, and choosing what's best for their schedule.

In terms of efficiency, we believe that the value is realized around

faster processing for scheduling and schedulers having the control of when they process their request. Imagine instead of a scheduler having to be ready at any moment to answer a ringing phone to process a request, requests come into the VAR and get placed into an interface or a queue that can be processed at the convenience of the scheduler when they have time. And as a result, we believe that over time, this may lead to fewer phone calls to VA call centers and may have an effect on reducing the number of no-shows.

Now, to put this project into context, our senior leadership is very excited about this application and thinks that it's helping the VA not only move into the digital age, but can have effects on access. So the progress of this project is briefed weekly to the deputy secretary and undersecretary for health. And this is considered under the major component in addressing access initiatives. As a result, VA has made a commitment to Congress and our nation's Veterans that this app will be available at all VA sites by the end of the calendar year.

Now to demonstrate the functions and benefits of using this application, I'd like to turn things back over to Dr. Deyne Bentt.

DEYNE BENTT: Well, thank you very much, Andrew. And now that you've heard so much about this app and gotten so excited about it, I bet you can wait to see what it looks like. So here we have a demo of what the app will look like when a Veteran uses it to directly schedule a return appointment into primary care.

So when I say this is an app, just to be clear, it's not an app in the sense of, if you have an iPhone or an Android device and you download an application onto your device, and then you click on an icon to make this work. This is a web app. So it means that it is run through any modern web browser on any web enabled device. So the Veterans can use it on their smartphone, on a tablet, on a laptop, or even on a desktop.

It's a web page that has a responsive design, which means that whether it's used on a large screen or small screen device like a smartphone, the information automatically rearranges itself so that none of the information is lost. Everything pertinent is displayed to the Veteran, and no unnecessary scrolling will be required to view all of the information on the page.

So this is what the Veteran will see on the landing page. We can see that we have a disclaimer, which says that the app is not monitored by your doctors and is not to be used for urgent care. For those purposes, you should dial 11, call your medical facility, or call the crisis hotline. And it gives the number.

There's a Login button. As Andrew mentioned a few minutes ago, in order to authenticate into this application, currently, the Veteran will need to have a DS logon level 2 account. That is controlled and managed by the Department of Defense. So Veterans who do not have this account need to go to the online portal, which the instructions are provided on the app page in the VA app store. So they go to the online portal to obtain that credential, and then they can use this application.

So they click on Login. And once they log in, authenticate using their DS log-on, the first page that they see is a list of their upcoming appointments and any requests for appointments that have been submitted through the application to be handled by a scheduler at their facility. Now, in this initial rollout of the application, which is happening right now across the nation, the goal is to get this complete by end of December this year.

In this version of the application, the Veteran will have the two functionalities as mentioned. One is to directly schedule their appointments in the primary care. And two, to be able to send date

and time preferences for a scheduler to schedule that appointment for them in primary care or mental health.

This list of upcoming appointments, however, will show all of the upcoming appointments that the Veteran has in any facility that they're being seen, whether it be orthopedics, hematology lab, radiology, et cetera. So when a Veteran is using that application to make an appointment, they can already see, in one place, what their upcoming appointments are so that they can avoid duplication, conflicts of time, or they can try to schedule all of their appointments in the facility on the same day.

In order to schedule an appointment, they would click on the button on the top right of the screen that says New Appointment or Request. That takes them to the screen with the three current options available. Would you like to schedule a primary care appointment yourself, request help scheduling a primary care appointment, or request help scheduling a mental health appointment? Let's select Schedule a Primary Care Appointment Myself.

It queries the system to show the Veterans the facilities where the Veterans is having care and the related primary care clinics. By clicking on the primary care clinic of choice, that will then lead the Veteran to enter a reason for the visit and also a date preference, which would be entered in the box just below Preferred Date.

Once that date is entered-- in this case, the Veteran enters April 18, 2016-- it opens up the calendar picker, a series of dates around the date entered as the preferred date. And on the preferred date, it expands to show all available appointments for that date. If the Veteran changes his mind at this point and wants to select a different date, he can simply click on one of the arrows next to the new date of preference, and that will open up the dropdown with the available slots

for that date.

So for April 18, we're going to choose 9:00 AM. And again, this information is real-time. It's read from VistA. So as soon as the Veteran selects this appointment and confirms, that appointment is booked and written into VistA.

So here we have the next screen that shows-- it says, you are scheduling an appointment for Monday, April 18, 2016 at 9:00 AM. If you would like to receive updates, confirmations by email when the appointment is made, or if there are any updates to the appointment, then you would indicate yes and put your email address. And then you click on Schedule Appointment, and you get the confirmation that the appointment is scheduled. And the details of the appointment are in the box below.

So now if the Veteran clicks top left of the screen, where it says Appointments and Requests, that takes him back to the landing page. And we can see from the last entry on the page that he now has a booked appointment for April 18, 2016 at 9:00 AM in his primary care clinic.

Let's say now his plans change closer to the appointment, and he wants to cancel that appointment. By clicking on the appointment itself, that will take him to the next page, or this dialogue, which says-- it shows you the details of the appointment and says, I need to cancel this appointment, where he would enter yes. And he will then be asked to enter a reason for cancellation and then click on Cancel Appointment.

And then you get the confirmation dialog, are you sure you want to cancel this appointment? Select yes to cancel or no to return to the Appointment Details page. By clicking on yes, that then cancels the



appointment and gives you the confirmation that the appointment has been canceled. At that point, by returning to the landing page, you see that that appointment is no longer listed.

So that is a demonstration of how a Veteran would use this application to, one, directly schedule a follow-up appointment into primary care, and two, cancel appointment that is listed in his upcoming appointments list that he or she is no longer able to make. As I mentioned, we did a series of-- well, we engaged VISN 1 in some field testing activity last year and with some ongoing activity this year. And we have some results that we can share with you.

As a recap, the field testing was done in VISN 1. We wanted a variety of facilities to give a good cross-section of experience in large/small facilities as well as facilities with a single VistA or integrated VistAs. And so we chose four facilities in VISN 1. They were Boston; West Haven, Connecticut; New Hampshire, two CBOCs in New Hampshire; and a small facility, White River junction.

So the goal was to do a functionality test where we would install all of the necessary technology, educate staff, recruit Veterans, and then test that the system and work from end to end. The second test that we did was a usability study where a selection of Veterans were monitored as they used the app, monitored and videotaped, such that we could get an impression or an evaluation of how usable the interface was so that we could get that feedback to help guide the future development of the application.

In order to select Veterans for this field test, we decided to query recall lists. So we knew that patients in primary care would be on the recall list. We would need to select patients who needed appointments in the two or three months subsequent to the beginning of the field test. And they needed to have a level 2 DS logon, because that is the only way to

authenticate into the application.

Our statisticians told us that we needed a minimum of 30. And the reason why I mention that is that with the first version of the application, we found it to be fairly difficult to recruit Veterans for this sort of exercise and anticipated the potential recurrence of this difficulty. Therefore, we wanted to identify upfront what would be the minimum number of Veterans that we needed to have a usable study. The number was 30.

And this is the result of our efforts to recruit Veterans. So from the recall lists, we were able to identify Veterans who needed appointments in the upcoming months. We were able to get in contact with roughly 800 Veterans.

So we can see that the difficulty with recruiting Veterans here. We had 300 who just didn't want to participate. A number of these Veterans already had scheduled their appointments. Some of them had no way to access the internet.

Some of the phone numbers that we were given from the recall lists were disconnected or they were blocking incoming calls. And some are just plain wrong number. That person had changed their number in the meantime and now someone else had that number.

With the difficulty in recruiting Veterans-- and we also had some difficulties with some technical difficulties with the software-- we ended up with 25 Veterans that completed appointments scheduling using the application. So we hadn't reached our goal of 30. But by the time we got to 25, we realized that we were seeing a recurrent pattern of experience, and we were able to get some useful information from this study with 25 Veterans.

Additionally, we had done an independent DS logon evaluation. So we were able to identify 10 Veterans who did not have a DS logon who were willing to have us evaluate them going through the process of obtaining that credential to see whether or not this would actually be a feasible experience for Veterans in order to be able to use this application.

And just a reminder, as I mentioned, the DS logon is a DoD credential that is fully in their control. They have worked with us, VHA, to some extent to make this more available as an authentication device out of their domain. But essentially, we have no control over any technical issues, any difficulties in obtaining this credential, any usability issues with the website, et cetera.

The result of the 10 Veterans that we studied was positive. In all cases, all 10 were able to obtain the DS logon credential. One of our concerns would be that it would take an inordinate amount of time to get that credential. But in most cases, they received it the same day or within 48 hours of the application. So our conclusion from that study was that the DS logon would not pose a problem for the future.

As far as interaction with the VAR application, these are the results of the questionnaires and the evaluation of Veterans using the application. So overall satisfaction with the app, we can see that we're looking at everything in green being very satisfied or satisfied. And this shows that 76% of the Veterans were satisfied with the application.

Would they recommend it to other Veterans? We found that the majority, 77%, would recommend this app to their friends and other Veterans. So just a reminder, this is the evaluation of an earlier version of the application. This is the version that was available at the time, version 2. And we used the results of this usability study to make user interface improvements to the app, so they're now in version 3.

So again, version 2 results-- does the app give you an improved sense of access to care? I see a typo there-- actually, no-- improved sense of access to care in the current state, and we can see that the green adds to roughly 66%, so more than half of the Veterans. And interestingly enough, if we asked them if they think it improves the sense of access to care in the future state, as in once the app is improved, any bugs are removed, this is an overwhelming 95% of the Veterans thought that, in the future state, this app would improve access to care.

So that was the end of that study late last year. And VISN 1, in particular, the West Haven, Connecticut campus, was very gracious in agreeing to extend the field test and open this up to half the patients in their hospital. So this is with version 3 of the app. So with version 2, there are two sets of improvements that we did. One, we improved the functionality, because there were several functionality technological bugs that needed remediation. So that was done.

And then with the results of this usability study, we had a number of usability improvements that we wanted to make. So we did the functional improvements and then released that version to patient use in West Haven, Connecticut. We started that in June of this year. And by now, we have recruited a total of 7,000 patients in West Haven and have also upgraded to the latest version of the app, which now includes the usability enhancements which were put in place based on the feedback from the VAR 2 usability study.

So these are the results. Now, we decided to repeat the usability test to see what Veterans think of the new app, make sure we're moving in the right direction, and also get the feedback that we can use to make further improvements on later versions of the app. So overall satisfaction with VAR 3 now is at 88%. And just as a reminder, overall satisfaction in VAR 2 was at 76%. So we see now that we have an

improvement in overall satisfaction.

Would you recommend of our two other Veterans? It's now 100%. In VAR 2, it was 77%. So again, we see improvement there. So all of these metrics, we're seeing an improvement in how the Veterans view this application, which means that we're moving in the right direction, and we take their feedback to keep on with development based on what they're saying.

So more metrics-- how much do you agree with the following statement? The app will make the appointment scheduling process easier for me. Again, agree and strongly agree add up to-- 75 plus 17, that's 92%.

And how much do you agree with the following statement? The app will make it easier for me to make appointment requests. Again, this is mostly green. And how much do you agree with the following? VAR app would improve my access to care in the VA. This is 84%. Compared to VAR 2, that was 66%. It's up now to 84.

And this is a new metric. How much do you agree with the following statement? The app will improve my ability to get an appointment as soon as I need it. And the results are 76% of the Veterans thought that this is true.

So there we have the results of field testing. The bottom line is that Veterans find this a good idea. They find it a favorable, a useful interface for the application, and that this will help with the sense of access to care for them now and into the future. So I'd like to turn it back over to Andrew now, who will describe our implementation process.

DENISE KENNEDY: Excellent. And this is Denise. Andrew, just a

reminder to use your outside voice. So I know you're a little bit lower than Dr. Bentt. Thank you.

ANDREW KELLEHER: Not a problem. Can you hear me now?

DENISE KENNEDY: Sounds great. Thanks.

ANDREW KELLEHER: So thank you, Deyne, and thank you for sharing that useful information on field testing. I think [INAUDIBLE] takeaway from this part of the presentation is that this is an iterative process. We are constantly learning. We are constantly gaining feedback. And fortunately, we have some results that indicate that we're making improvements in Veteran experience.

So now understanding the opportunities for improvement as we implement this app at the local facility, we've developed an implementation plan as we roll this out to each and every local facility. As a basic overview, implementation involves five key steps that we've been working with key points of contact and other stakeholders at each VA facility.

And so as a breakdown, this ranges from determining the local team, which is identifying who are those individuals who are going to be a point of contact, a champion to be an advocate for VAR. Who's going to be facing Veterans? Who's going to be installing the technical aspect?

After we identify those key stakeholders, we've moved into implementation planning, where we begin to set forth a plan on how we're going to communicate VAR and train ourselves to be ready to use VAR. Stage three is where we begin executing on these plans.

Stage four, which we are entering nationally starting next week, is

where we're then preparing for validation testing. This is where our progress to date culminates, from the technical aspects and training [INAUDIBLE]. And we come together to make sure that the application is working properly. And we're getting ready to go so that in stage 5, we go live, meaning the app is then made available to Veterans for use, and we know how to process the incoming requests.

As an overview of our training strategies, there's been numerous individuals who have been critical to helping us implement this on the local level. They've set forth a lot of motivation, and they've been really just a pleasure to work with. And these individuals have ranged from scheduling, clinical [INAUDIBLE] and Veteran champions.

As an overview, our VAR relief team at the national level has interacted with VISN and site points of contact. And then those key stakeholders include scheduling superusers, which are individuals who are going to understand how VAR works in clinics and distribute training materials to scheduling staff. These individuals, it's critical that they know how to process requests, what sort of impacts is this app going to have with direct scheduling on clinic profile.

Clinical champions, who are individuals to be advocates for VAR, to be a champion and tell their colleagues about the benefits of using VAR. And Veteran champions, who are individuals who are likely to interface with Veterans who come to the medical center and say, I've heard about VAR. Can you show me how it works? Can you tell me about VAR? I've been trying to get a DS logon. Can get help through this process? So we're trying to identify each of those potential challenges and make sure that our team is ready.

In order to help our partners and our collaborators prepare for implementing VAR, we've developed a number of tools. And so with our implementation plans, we've put together a VAR SharePoint that

includes methods of tracking tasks, and consolidating key points of information and other training resources. Included on this SharePoint include materials-- from guides and videos, frequently asked questions, configuration scheduling profiles, and instructions on how to use the app within clinics, as well as a marketing tool kit, which includes posters, videos, newsletters, and other methods of communicating VAR to the Veterans as well as our staff.

What I'd like to show here are two methods of tracking progress as we implement VAR across the country. Now, I'm happy to say that this graph is actually outdated. And in the last week, many of our VISN have all shown incredible progress in moving that much further-- 100% of VAR implementation progress. And so many of these sites are actually right up with the rest of the pack. And really, we're proud to see what we have seen to date.

But I show this as an example of how we're tracking progress. And we report this to the deputy secretary and undersecretary for health on a weekly basis to identify how we're doing as well as opportunities for improvement.

The second way that we track progress is by specific task. So what I show here is how, in the early stages, from identifying individuals and determining plans, we've really made a lot of progress and are about complete. We're just putting a close to stage three where we're executing on these plans. The VistA patch has been installed at every site to date. And so now, we're really gearing up over the next few weeks for validation testing.

And so now, I'd like to put a close to the presentation. I'd like to thank everyone for their participation in the chat box. I thank everyone for joining us. Thank you, Deyne, for his part of the presentation. And we'd like to receive any sort of questions that the group may have, and say



thank you.

DENISE KENNEDY: Excellent. Thanks. So I know that Camille Smith has been answering quite a few questions on the chat box, but we did have one here. I think we're going to ask this one to Dr. Bentt.

This question says, "Do VA staff review all explanations of the direct scheduled appointments? If in the explanation that the Veterans supplies when direct scheduling, their issue is more appropriate for a phone appointment instead of an in-person appointment, does the scheduler contact the patient and reschedule appropriately to keep that in-person appointment open for another Veteran who might really need it?"

DEYNE BENTT: Thanks for that excellent question. So one of the things I have to remind you about is that this is a new application that is in the early stage of development. So if you look back to the CPRS when that was first implemented, the functionality available with CPRS was nothing compared to what it is today. So there are a lot of features, ideas, functionalities that this app does not yet have but some of those are currently under development and will be available in upcoming versions of the app.

And this question that was asked has been asked several times before. We've had it on many occasions. And it's very important in that the appropriateness of scheduling. So the app, in the current state, does not alert the team that a Veteran has booked themselves an appointment.

What's available for the schedulers is a couple of reports. There's a FileMan report available that can you run on your local Vista, which will show all of the direct scheduling appointment activity. We are also developing and finalizing a national VSSC report, the VHA Service

Support Center, which will make it much easier to see this activity through a web based report.

So the guidance that we're giving currently is for sites to periodically, whether it be once a day or once a week, check their clinic for direct scheduling activity. And then they will be able to identify the appointments that were scheduled themselves by Veterans and check to see the reasons why and whether they need to make contact with those Veterans to either verify the need of the appointment or arrange additional appointments, such as labs or x-rays, that would be pertinent to that visit.

So long answer to a short but important question, the functionality is not automatic. There are no notifications. But the guidance is to use the available tools and reports to decide whether you need to make contact with that Veteran.

DENISE KENNEDY: Great. Thanks, Dr. Bentt. We have another question here. "As a My Health<sup>e</sup>Vet coordinator and Veteran champion for VAR, how are we supposed to upgrade reset codes and register for DS logons? We don't have access and often turn these patients away to go to the closest regional office, which is two hours away."

DEYNE BENTT: Right. So the role of the Veteran advocate, which will probably be the My Health<sup>e</sup>Vet coordinator in most facilities, is not technical support for the app or for attempts to obtain a DS logon credential. So we've been working with My Health<sup>e</sup>Vet coordinators to a certain extent. We've given a couple of presentations. We've worked more closely with the My Health<sup>e</sup>Vet coordinators in VISN 1 to iron out the issues and the roles and responsibilities that we will then spread to the coordinators across the nation.

One of the things we found out in our field testing in West Haven is

that Veterans do see that the My Health eVet coordinator as a resource for questions about online technology. Several Veterans approached the My Health eVet coordinator there and said, hey, I've received this letter inviting me to use this application to schedule my appointment, and I'd like to do it, but I'm having trouble with the DS logon. And that was the first that this My Health eVet coordinator had heard about this whole process.

So our goal with the Veteran advocate is to make them familiar with the VAR application and the DS logon application process from a user standpoint so that when a Veteran comes and asks them for help, they actually have seen the process and know what it involves, and can help guide the Veteran through that process. So they're not there for technological issues, troubleshooting why the technology isn't working, but just to be familiar so they can help guide the Veterans through the process. Hope that answers the question.

DENISE KENNEDY: That did. Thank you so much. It looks like we have at least one other person typing. So while we key that up, I was wondering if you could answer whether or not the VAR would be expanded to other services outside of primary care or mental health. And just before you do that, a last call for questions for those participating through the chat.

DEYNE BENTT: Right. So yes, the plan is to expand appointment scheduling use of the VAR for appointment scheduling to other services. We decided to start with primary care because primary care is probably the most standardized and simplest scheduling workflow across the enterprise.

For every specialty clinic or specialty type that we expand to, it's going to take a fair amount of work with those specialties to identify their workflows, the idiosyncrasies of the way they schedule patients, and to

appropriately apply direct scheduling and use of this application to those specialties. Every specialty is a different animal and will require some specific attention to make sure that we're doing more harm than good in these areas.

And one example of that is audiology, which I sat and had a chat with the chief of audiology here in Washington, DC to get her opinion on the use of an app for direct scheduling. And so what's been implemented in several facilities is-- they call it direct scheduling, but it's really direct referral. So it means that a Veteran no longer needs to get a primary care doctor to refer them for an audiology visit. They can show up and get an appointment from audiology directly.

But what happens is the clerk says, OK, well, what's your problem? Because then they need to schedule them with the appropriate clinician for the appropriate length of time and have the appropriate equipment ready for that visit. So that's the problem with a Veteran directly scheduling themselves for an audiology visit.

The Veteran will not know the appropriate person, the appropriate length of time. And therefore, that will lead to a high degree of inappropriate scheduling. So that's the kind of problem that we will need to figure out with the specialties before we can expand that across the specialties in medicine.

And so this is why it's going to be an iterative process and we'll take it a few specialties of the time and work with those program officers.

DENISE KENNEDY: Great. And another question from a My HealthVet coordinator who's looking to further understand how they're going to help Veterans with the appointment app. I think there's a little bit of hesitancy from some folks about downloading an app on a Veteran's phone. Or what you envision that help look like-- is

it going to be providing them materials, walking through the steps? Or what do you envision that role is, if you could think of your ideal role and then maybe how it plays out.

ANDREW KELLEHER: I can help with that question. So as Deyne was mentioning earlier, we've worked recently closely with the My Health<sup>e</sup>Vet coordinators from VISN 1 and My Health<sup>e</sup>Vet leadership with the expectation that this is going to be rolling out to other facilities. And I'm happy to report that we're tentatively planning on November 29 to have a national call with the My Health<sup>e</sup>Vet coordinators to go specifically through expectations for using VAR and helping with the implementation project.

So what I can do is provide an overview to answer the immediate concerns with this question. And then I also encourage all My Health<sup>e</sup>Vet coordinators to attend that call later this month. So with some of the immediate expectations, I want to remind that the VAR application is not something that's going to be downloaded on anyone's phone or tablet or material. Rather, it's a link can be accessed through any mobile device, computer, or so on.

But the expectation that the My Health<sup>e</sup>Vet coordinator is going to be faced with is being able to understand what VAR is, understand the basic function, and then to serve as a liaison in order to point the Veteran in the right direction for DS logon resources. This we will expand on during our national call. But to reiterate what Deyne mentioned earlier, again, they're not to be a technical expert, but to understand how to help the Veteran take the next step. Who did they talk?

And so fortunately, what the VAR release team has been working closely with, and other consultants, is to understand the flow, what is necessary, so that the Veterans isn't just being loosely handed off to a

field office. Instead, we've been working closely with individuals from the Health Resource Center to act as a help desk.

We've also been working with creating and testing an application called DS Logon Education. And this application will be used to help provide the Veteran with direct information what DS logon is, what they need to do in order to procure an account, as well as test their current access to see what level and if they see a DS logon.

So again, I encourage all My HealthVet coordinators to attend the call, November 29. And we'll be sending out the information.

DENISE KENNEDY: Excellent. Thank you for that. So I think with that, it is 2:53. For those of you who want to get a copy of this as well the transcript, it'll be up online. And we do want to thank you for your participation today and also ask that you use the feedback link, the link that you see on your screen now, and let us know what topics you'd like to discuss in the future and any feedback that you have on today's webinar.

And I want to thank especially Deyne and Andrew, and Camille for handling a lot of questions on that chat feature. So thank you all so much. And I hope everyone that's still on the line has a great weekend and a great upcoming Thanksgiving holiday. And with that, we'll call it a wrap. Thanks, everyone.

ANDREW KELLEHER: Thank you.

DEYNE BENTT: Thanks, everyone.

ANDREW KELLEHER: Thank you, Camille.