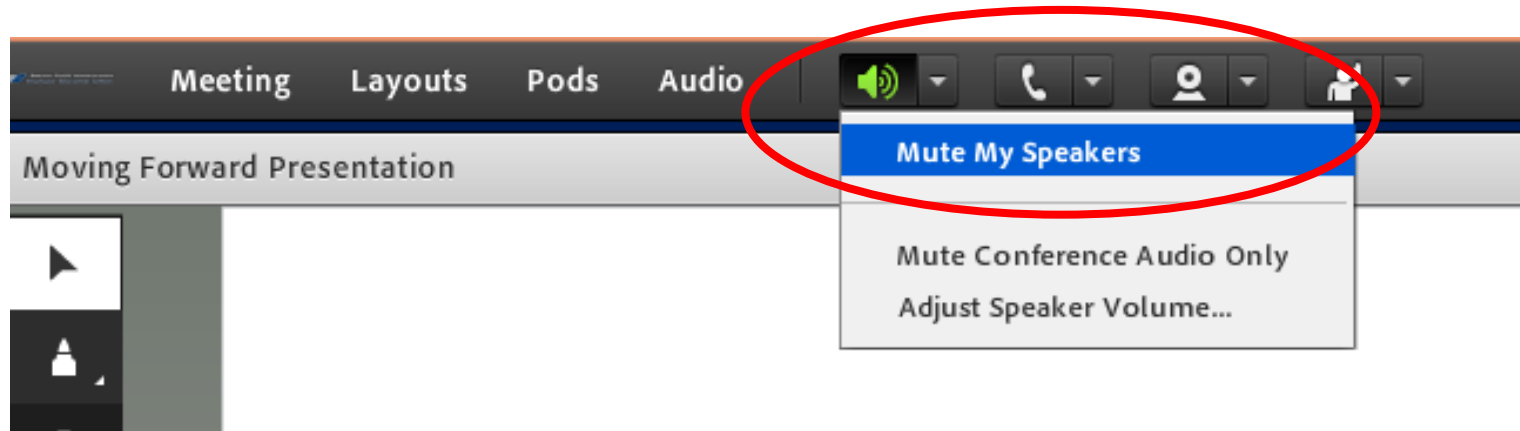


# Please remember to mute your speakers.



## VA MOBILE DISCUSSION SERIES

**FOR AUDIO, PLEASE DIAL IN USING VANTS:  
1-800-767-1750 PC: 32523#**

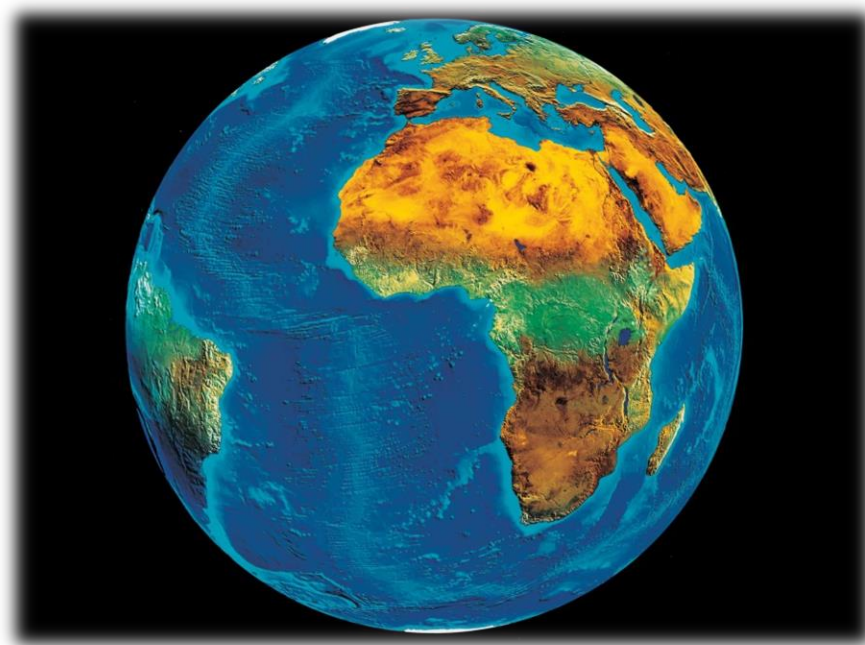
Thank you for joining. We will begin shortly.



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
Office of Connected Care

# VA VIDEO CONNECT (VVC): BEYOND THE CLINIC

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(303) 202-8219

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# TYPICAL TELEHEALTH CLINIC ROOM

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# ALL SET-UP AND EVERYONE IS HERE



# VA VIDEO CONNECT

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- Anywhere: the patient can be any where geographically from Hawaii to Maine to Alaska.
- Any place: the patient can be at home, at work, at school, traveling, care taker
- Any time: After hours accessed any time of the day or night 24/7.
- Connection through web browsers, 4G connections, WIFI, LAN

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# VA VIDEO CONNECT (VVC): BEYOND THE CLINIC

- 5- Technologies
  - TES = Transportable Exam Station
  - BYOD = Veteran Owned Devices
  - CVT (Clinical Video Telehealth) Tablet= has peripherals
  - Commercial Off-The-Shelf (COTS) - Simple Tablets no peripherals
  - VVC-VMR = Virtual Medical Rooms
    - ON Demand
    - Phone Book
    - Scheduled

# WHO USES THE TECHNOLOGY

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- Any provider conducting synchronous visits using video
  - Care Coordinators
  - Physicians
  - Registered Nurses
  - NPs, PA, Therapists etc.
- Provider determines type of device based on clinical need.
- Veterans



# TRANSPORTABLE EXAM STATION

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# Veteran Owned Devices

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# CVT TABLET

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# COTS TABLETS

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# VIRTUAL MEDICAL ROOMS

- Interoperable - Will work with legacy VA Video Conferencing
- Seamless interface with current Telehealth Management System (TMP) to organize and drive business/clinical processes
- VA OI&T-vetted product
- FIPS 140-2 compliant
- VA customizable native/browser apps
- Simple to use for patients and Clinicians on any device
- Uses Web Real-Time Communication (WebRTC)




# Email Sent to Patient & Provider When Appointment Scheduled



# ACCESSING THE VMR

Notes 10:42 AM 56%

DEPARTMENT OF VETERANS AFFAIRS



**Person or conference to call**

VCC2004@care.va.gov

**Your name**

Patient

**CONNECT**



**VA Video Connect**

Welcome to the Virtual Meeting Room. Your provider will join you shortly.  
If this is not the time for your appointment, please come back later.

**NOTE: If you need emergent or urgent care, please dial 911 or call the Veteran Crisis line at 1-800-273-8255 and press 1.**

This meeting room is private and confidential.



# VIRTUAL MEDICAL ROOM ENTRY

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Select your camera and microphone

**Microphone**

Default

**Camera**

Default

**Bandwidth**

Medium (576kbps)

CANCEL START

Adobe Flash Player Settings

Privacy

Allow <https://care2.evn.va.gov> to access your camera and microphone?

☒ Allow ☐ Deny

☐ Remember

Close



# Enhanced User Experience



# VMR PRESENT USE CASES

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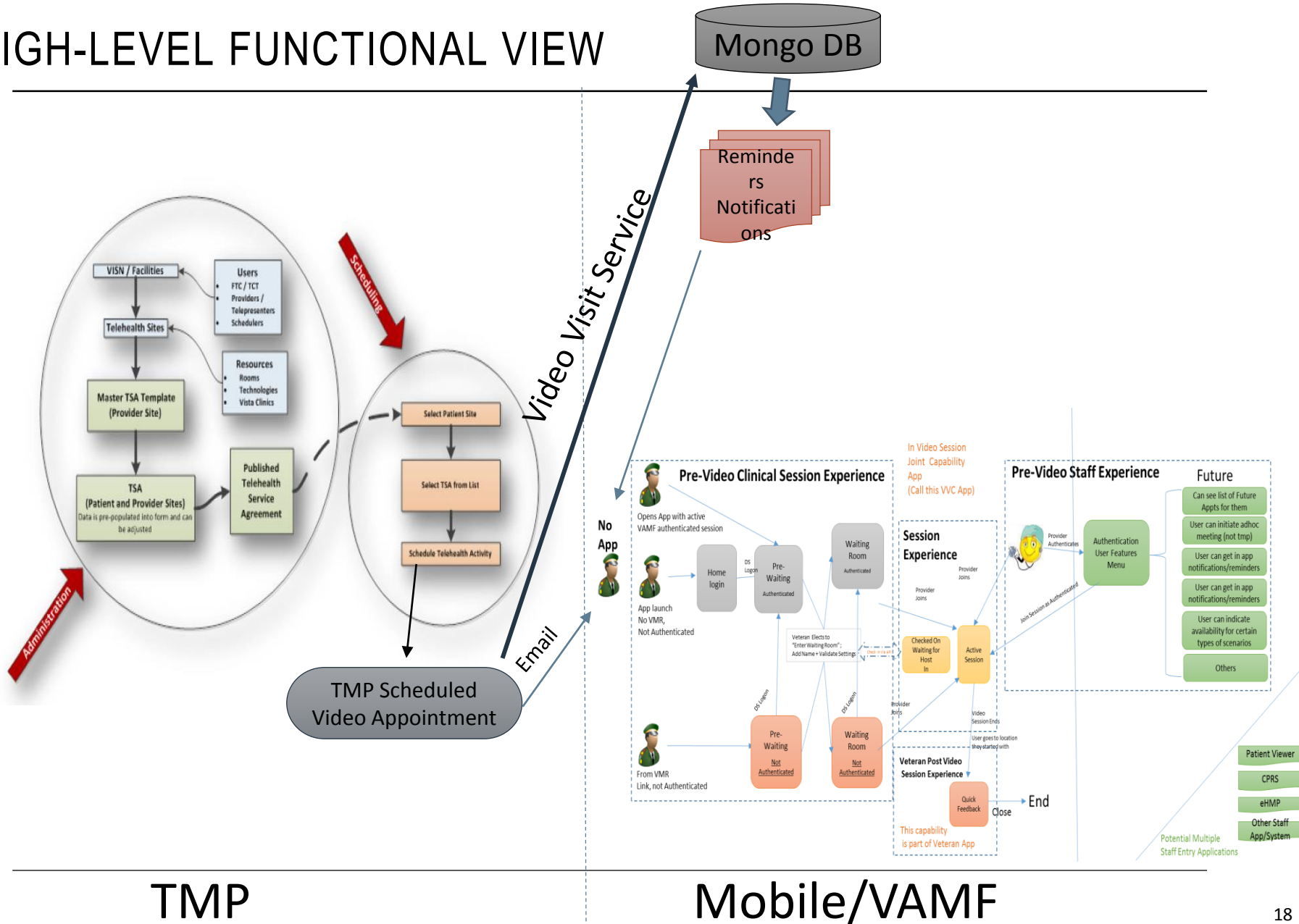
- Video ON Demand
- Phone Book
- Scheduled through TMP

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# VVC APP

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# HIGH-LEVEL FUNCTIONAL VIEW

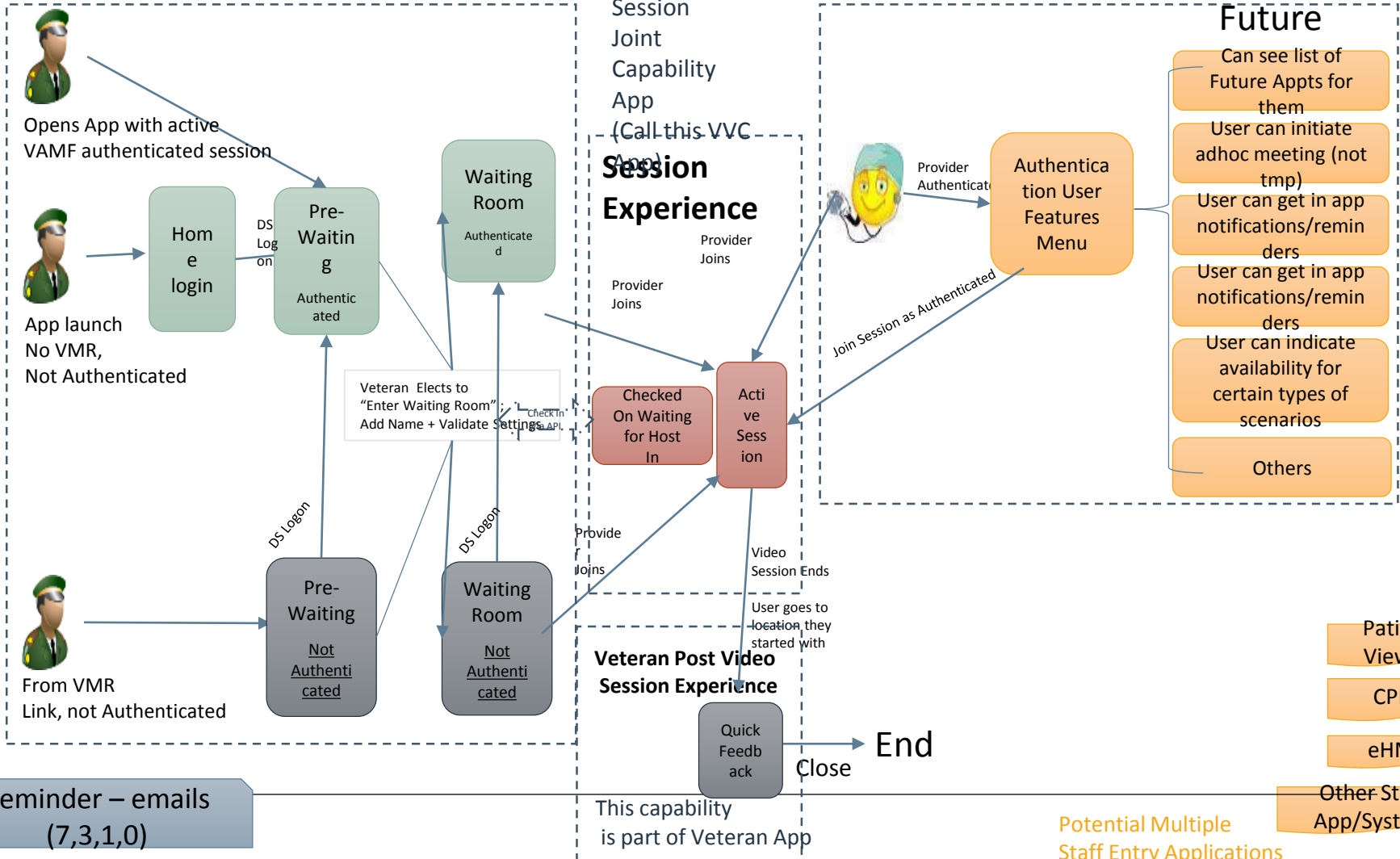


# Initial Experience Flow Overview

## Pre-Video Veteran Session Experience

## In Video Session Joint Capability App

## Pre-Video Provider Experience



# VA ITEMS WITH TELEHEALTH IMPLICATIONS

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## Veteran

- VVC
  - See schedule of booked appointment
  - Request Appt / Directly book Appt
  - Reminders
  - Collect email, time zone, and other user preferences

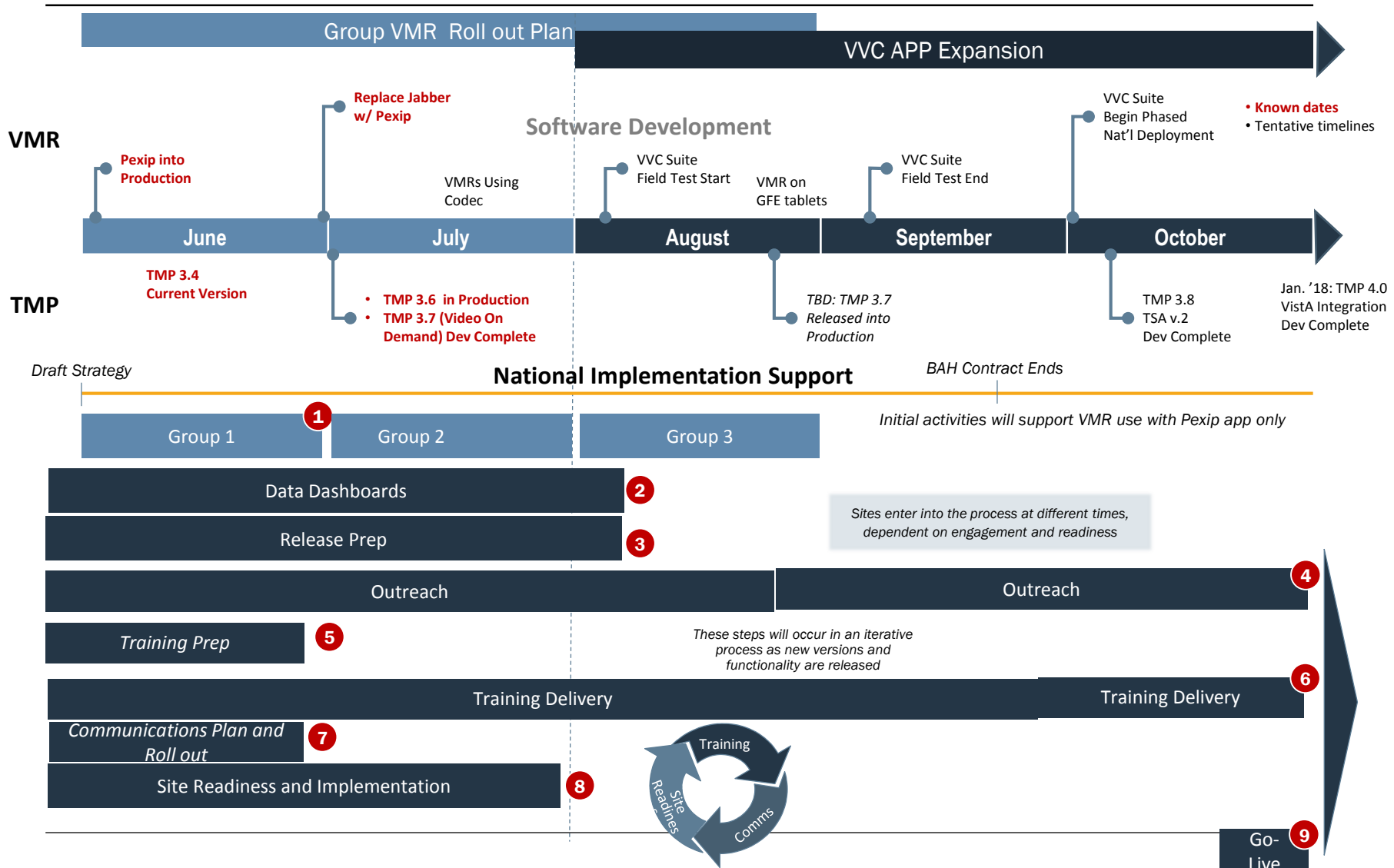
## Staff

- PatientViewer App (mobile EMR use)
- eHMP (enterprise Health Management Platform)
- CPRS
  - Possible launch of Pexip from window
- TMP (Telehealth Management Platform)
  - Telehealth agreements and management
  - Scheduling of telehealth appointments aligned with TSA/TMP agreements

# IMPLEMENTATION PLAN



# TIMELINE



# PRESENT VMR USERS

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Provider's using VMRs	257
Total VMR Encounters from 08/12/16 – 05/17/17	6217
Total Count of Unique Veterans for VMRs	1454
VISN Scheduling VMR	17
Facility scheduling VMR	56

**VMR IMPLEMENTATION AND DEPLOYMENT WILL BE PERFORMED IN PHASES, TARGETING HIGHER CVT UTILIZING SITES FIRST TO SUPPORT NON - USER CONVERSION TO VVC APP AND VMR.**

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VISN	Description	Tentative Implementation Timeframe
Group 1	Site that volunteered and sites already doing some VMRs	<ul style="list-style-type: none"> <li>Initial Outreach: now</li> <li>Goal for implementation: Early July</li> </ul>
Group 2	Higher current utilizers of Home/Mobile	<ul style="list-style-type: none"> <li>Initial Outreach: now</li> <li>Goal for implementation: Early August</li> </ul>
Group 3	Lower current utilizers of Home/Mobile	<ul style="list-style-type: none"> <li>Initial Outreach: mid-July</li> <li>Goal for implementation: Early September</li> </ul>
Group 4	Low/No current usage	<ul style="list-style-type: none"> <li>Initial Outreach: August</li> <li>Goal for implementation: TBD</li> </ul>

- Note: This schedule assumes that we have engaged site/VISN POCs that can ensure implementation activities are completed within schedule and have CVT experience to support non users conversion
-

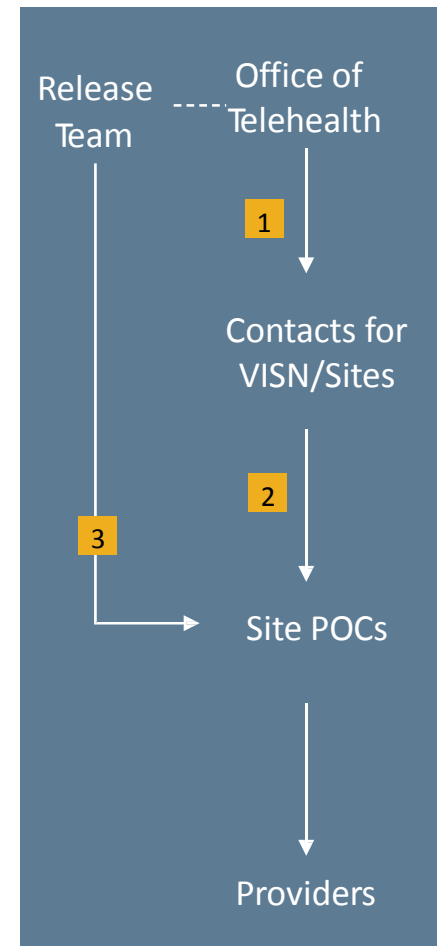
# ROLL OUT METRICS

Group		Encounter Count	Patient Count	Site Count
1	Raw	13,292	2,995	36
	Percent	35%	34%	26%
2	Raw	15,858	3,999	36
	Percent	42%	45%	26%
3	Raw	8,258	1,764	35
	Percent	22%	20%	25%
1 - 20 Visits	Raw	136	75	18
	Percent	0%	1%	13%
0 Visits	Raw	0	0	16
	Percent	0%	0%	11%
Total	Raw	37,544	8,833	141
	Percent	100%	100%	100%

# OUTREACH WILL OCCUR TO VISNS AND SITES TO ENGAGE THEM IN THE VMR CONVERSION

The flow for outreach will be as follows:

- **Initial contact:** Email the sites to get identified site POCs to help with implementation and providers
  - Target for emails:
    - Contacts Telehealth Office has for sites
  - Overview of email:
    - Overview VMR conversion and estimate timeline
    - Share links to VMR intranet page and VMR implementation SharePoint
    - Ask: Identify primary POCs (and providers) and invite to kickoff meeting
- **Within first 2 weeks of initial contact:** POCs (and providers) attend kickoff meeting to give sites a chance to ask questions and to review the implementation steps
- **Week 2+:** Host follow-up meetings for sites to continue to ask questions, receive demos (e.g., setting up TSAs), and discuss topics as needed
  - Recommend having 3 times for standing meetings where sites can attend as needed
- Site will be asked to track progress on VMR Implementation Sharepoint. Based on that progress, team can do targeted outreach to sites that are lagging in progress



# METHODS WE WILL USE TO ENGAGE WITH SITES

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- **Implementation checklist:** Sites will be provided with an Implementation checklist that outlines VMR implementation activities, giving them due dates and a way to track progress
- **Meetings**
  - Kickoff meetings – Provide an overview of VMR implementation. All sites will be encouraged to have at least one representative to attend
  - Ongoing Q&A sessions – These meeting will be free form and driven by questions of sites that elect to attend
  - Meeting to review specific implementation topics (as needed) – Examples include demos of VMRs and TSA setup
- **Emails**
  - Announce any important information necessary for implementation (e.g., upcoming due dates)
  - Follow-up for sites that are missing milestones
- **SharePoint site:** Use customized SharePoint page to communicate to and engage staff, track progress, and house implementation resources for sites
- These communication methods will be geared towards identified site POCs and other local staff assisting with VMR implementation activities

# KEY MESSAGES TO COMMUNICATE DURING OUTREACH

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- Virtual Medical Rooms (and the technology used) is simpler to use than Jabber. Veterans and Providers only have to click a link to join a VMR with no need to enter special usernames or passwords
- Veterans can use anywhere and on any personal device that has a microphone and camera
- Use of VMRs does not require any special installations for users using computers and Android devices. Note: If using iOS devices, users will have to download one application to use



# GOALS

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- 1.5 million Video Encounters Annually
- 500,000 Veterans using Video

# Thank you!

What future topics would you like to discuss?

Let us know by providing feedback  
at this link:

<https://www.surveymonkey.com/r/MTJFPJM>