Please remember to mute your speakers.

Thank you for joining. We will begin shortly.
VA VIDEO CONNECT (VVC): BEYOND THE CLINIC

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TYPICAL TELEHEALTH CLINIC ROOM
ALL SET-UP AND EVERYONE IS HERE
VA VIDEO CONNECT

• Anywhere: the patient can be anywhere 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
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
    o ON Demand
    o Phone Book
    o Scheduled
WHO USES THE TECHNOLOGY

• 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
Veteran Owned Devices
CVT TABLET
COTS TABLETS
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

Subject: Your VA Video Visit has been scheduled for Thu 25 Feb 2016 15:00 Central Standard Time CRM:0016188

Regarding: Joe, GI

This is a reminder of your Video Visit with a VA clinician on Thu 25 Feb 2016 15:00 Central Standard Time. Please click the following link to access the virtual meeting. This will take you into the virtual waiting room until your provider joins.

Click Here to Join the Virtual Meeting

PIN for Virtual Meeting: PATPIN123

Service Type: Pathology
Clinician: [redacted]

If you have any questions or concerns, please contact your clinic.

A calendar appointment is attached to this email, you can open the attachment and save it to your calendar.
ACCESSING THE VMR

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

Select your camera and microphone

Microphone
Default

Camera
Default

Bandwidth
Medium (576kbps)

CANCEL START
Enhanced User Experience
VMR PRESENT USE CASES

- Video ON Demand
- Phone Book
- Scheduled through TMP
VVC APP
HIGH-LEVEL FUNCTIONAL VIEW

Mongo DB

Video Visit Service

Reminders

Notifications

TMP Scheduled Video Appointment

TMP

Mobile/VAMF
Initial Experience Flow Overview

**Pre-Video Veteran Session Experience**
- Veteran login
  - Home login
  - App launch
  - From VMR Link, not Authenticated
- Pre-Waiting
  - Not Authenticated
- Waiting Room
  - Pre-Waiting Authenticated
- Waiting Room
  - Not Authenticated
- Pre-Waiting
  - Not Authenticated
- Veteran Elects to "Enter Waiting Room"
  - Add Name + Validate Settings
- Provider Joins
- DS Logon
- DS Logon

**In Video Session Experience**
- Provider Joins
- Checked On Waiting for Host
  - In Session
- Video Session Ends
- User goes to last location they started with

**Pre-Video Provider Experience**
- Provider Joins
- Authenticated
- Authenticated
- Provider Authenticates
- Provider Joins
- Video Session Ends
- User can indicate availability for certain types of scenarios
- Others

**Future**
- Can see list of Future Appts for them
- User can initiate adhoc meeting (not tmp)
- User can get in app notifications/reminders
- User can get in app notifications/reminders
- User can indicate availability for certain types of scenarios
- Others

**Potential Multiple Staff Entry Applications**
- Patient Viewer
- CPRS
- eHMP
- Other Staff App/System

**Reminder – emails (7,3,1,0)
VA ITEMS WITH TELEHEALTH IMPLICATIONS

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**

**VMR**
- Pexip into Production
- Replace Jabber w/ Pexip

**TMP**
- TMP 3.4 Current Version
- TMP 3.6 in Production
- TMP 3.7 (Video On Demand) Dev Complete

**Software Development**
- VVC Suite Field Test Start
- VMRs Using Codec
- VVC Suite Field Test End
- VMR on GFE tablets

**Group VMR Roll out Plan**
- Group 1
- Group 2
- Group 3

**National Implementation Support**
- Initial activities will support VMR use with Pexip app only

- **Data Dashboards**
- **Release Prep**

- **Outreach**
  - **Training Prep**
  - **Training Delivery**
    - Communications Plan and Roll out
    - Site Readiness and Implementation

- **VVC APP Expansion**
  - VVC Suite Begin Phased Nat’l Deployment
  - VVC Suite VistA Integration Dev Complete

- **Go-Live**

- **VMRs Using Codec**
  - VVC Suite Field Test Start
  - VMR on GFE tablets

- **Group VMR Roll out Plan**
  - Group 1
  - Group 2
  - Group 3

- **Training Prep**
- **Training Delivery**
  - Communications Plan and Roll out
  - Site Readiness and Implementation

- **Go-Live**
# Present VMR Users

<table>
<thead>
<tr>
<th>Provider’s using VMRs</th>
<th>257</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total VMR Encounters from 08/12/16 – 05/17/17</td>
<td>6217</td>
</tr>
<tr>
<td>Total Count of Unique Veterans for VMRs</td>
<td>1454</td>
</tr>
<tr>
<td>VISN Scheduling VMR</td>
<td>17</td>
</tr>
<tr>
<td>Facility scheduling VMR</td>
<td>56</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>VISN</th>
<th>Description</th>
<th>Tentative Implementation Timeframe</th>
</tr>
</thead>
</table>
| Group 1 | Site that volunteered and sites already doing some VMRs | • Initial Outreach: now  
          |                                                  | • Goal for implementation: Early July |
| Group 2 | Higher current utilizers of Home/Mobile          | • Initial Outreach: now  
          |                                                  | • Goal for implementation: Early August |
| Group 3 | Lower current utilizers of Home/Mobile           | • Initial Outreach: mid-July       
          |                                                  | • Goal for implementation: Early September |
| Group 4 | Low/No current usage                             | • Initial Outreach: August         
          |                                                  | • Goal for implementation: TBD        |

• 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

<table>
<thead>
<tr>
<th>Group</th>
<th>Encounter Count</th>
<th>Patient Count</th>
<th>Site Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>13,292</td>
<td>2,995</td>
<td>36</td>
</tr>
<tr>
<td>Percent</td>
<td>35%</td>
<td>34%</td>
<td>26%</td>
</tr>
<tr>
<td>2</td>
<td>15,858</td>
<td>3,999</td>
<td>36</td>
</tr>
<tr>
<td>Percent</td>
<td>42%</td>
<td>45%</td>
<td>26%</td>
</tr>
<tr>
<td>3</td>
<td>8,258</td>
<td>1,764</td>
<td>35</td>
</tr>
<tr>
<td>Percent</td>
<td>22%</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td>1 - 20 Visits</td>
<td>136</td>
<td>75</td>
<td>18</td>
</tr>
<tr>
<td>Percent</td>
<td>0%</td>
<td>1%</td>
<td>13%</td>
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<tr>
<td>0 Visits</td>
<td>0</td>
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<td>0%</td>
<td>11%</td>
</tr>
<tr>
<td>Total</td>
<td>37,544</td>
<td>8,833</td>
<td>141</td>
</tr>
<tr>
<td>Percent</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
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:
    o Contacts Telehealth Office has for sites
  - Overview of email:
    o Overview VMR conversion and estimate timeline
    o Share links to VMR intranet page and VMR implementation SharePoint
    o 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

• **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

• 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

• 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