

Super Users' Proactive Integrated Use of Virtual Healthcare Resources to Inform Best Practices in Rehabilitation Specialty Care Settings

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Announcements

1. OCC Letter of Support Request Portal – live on SharePoint
2. REDCap questionnaire about self-report measures for Virtual Care
3. Upcoming cyberseminar: *Effects of Early Implementation of Clinical Resource Hubs on Primary Care Quality in the Veterans Health Administration*

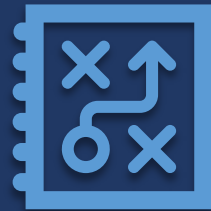
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Today's Agenda



Project
Overview



Data
Findings



Data Visualization &
Product Development



Future
Directions

Proactive Integrated Virtual Healthcare Resource (VHR) Use Defined




Self-initiated coordinated use of applicable virtual systems as a team for the purposes of coordinating timely delivery of high-quality care across the care continuum

Improves **workflow and workload**, supports **provider uptake and promotion**, which increases **patient adoption and sustained use**, to improve **care outcomes**

Long-term goal is to create a **cultural norm for integrating virtual resource use into care delivery**

Background



Previous studies on the use of virtual healthcare resources (VHRs) such as Secure Messaging (MHV), mobile apps, and telehealth services are typically adopted by patients when reinforced by clinical care team members.

Previous studies have not demonstrated established proactive integrated use of available VHRs, across the healthcare continuum, or within service-specific clinical workflows.

Early adopters of VHRs, known as “Super Users” are paving the way for new best practices utilizing VHRs in clinical workflows.

This project addresses the need to build knowledge and capacity for the proactive integrative use of VHRs to complete tasks across the continuum of care and determine if service-specific workflows are needed.

Evidence-Base: Secure Messaging Adoption

> [J Med Internet Res.](#) 2014 Mar 6;16(3):e75. doi: 10.2196/jmir.2976.

Evaluating user experiences of the secure messaging tool on the Veterans Affairs' patient portal system

Jolie N Haun ¹, Jason D Lind, Stephanie L Shimada, Tracey L Martin, Robert M Gosline, Nicole Antinori, Max Stewart, Steven R Simon

> [J Med Internet Res.](#) 2015 Dec 21;17(12):e282. doi: 10.2196/jmir.5152.

Large-Scale Survey Findings Inform Patients' Experiences in Using Secure Messaging to Engage in Patient-Provider Communication and Self-Care Management: A Quantitative Assessment

Jolie N Haun ¹, Nitin R Patel, Jason D Lind, Nicole Antinori

Original Article

EVALUATING SECURE MESSAGING FROM THE VETERAN PERSPECTIVE: INFORMING THE ADOPTION AND SUSTAINED USE OF A PATIENT-DRIVEN COMMUNICATION PLATFORM

Jolie N. Haun, Jason D. Lind, Stephanie L. Shimada, Steven R. Simon

First published: 02 September 2014 | <https://doi.org/10.1111/napa.12029> | Citations: 9

Evidence-Base: Secure Messaging Adoption

[Appl Clin Inform.](#) 2017 Oct; 8(4): 1003–1011.

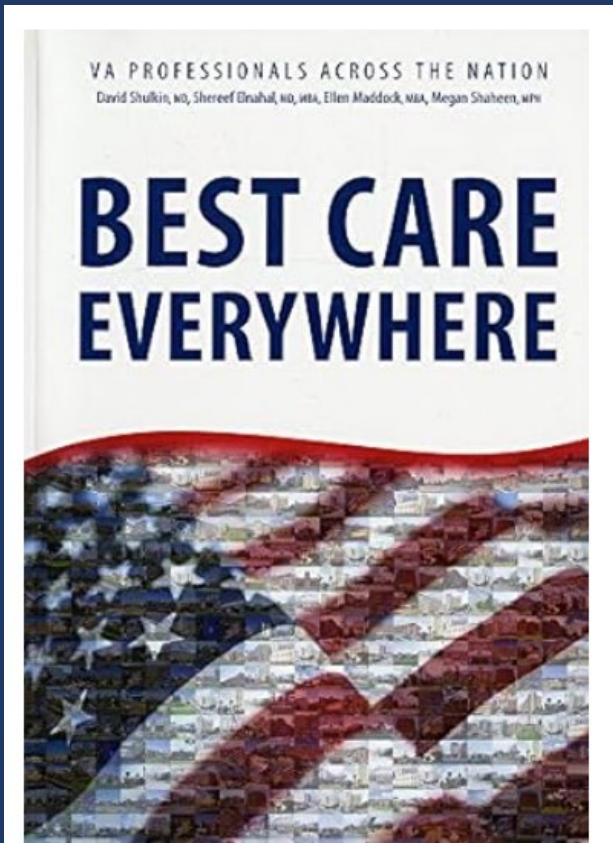
PMCID: PMC5802310

Published online 2017 Dec 14. doi: [10.4338/ACI-2017-05-RA-0088](https://doi.org/10.4338/ACI-2017-05-RA-0088)

PMID: [29241240](https://pubmed.ncbi.nlm.nih.gov/29241240/)

Clinical Practice Informs Secure Messaging Benefits and Best Practices

[Jolie N. Haun](#),^{1,2} [Wendy Hathaway](#),¹ [Margeaux Chavez](#),¹ [Nicole Antinori](#),¹ [Brian Vetter](#),³ [Brian K. Miller](#),⁴
[Tracey L. Martin](#),⁵ [Lisa Kendziora](#),⁶ [Kim M. Nazi](#),⁷ and [Christine Melillo](#)¹



Haun, JN, Chavez, M, Hathaway, W, Antinori, N, Vetter, B, Miller, B, Martin, T, Ruggierie, T Kendziora, L. Nazi, K. Promoting Proactive Use of Secure Messaging Using Promising Practices. In Best Care Everywhere. Eds. David Shulkin, Shereef Elnahal, Ellen Maddock, Megan Shaheen. US Department of Affairs. 2017. Pages 6-7.

Evidence-Base: Health Information Exchange Systems Integration

[JMIR Res Protoc](#). 2015 Jan-Mar; 4(1): e28.

PMCID: PMC4376141

Published online 2015 Feb 27. doi: [10.2196/resprot.3815](#)

PMID: [25803324](#)

A Participatory Approach to Designing and Enhancing Integrated Health Information Technology Systems for Veterans: Protocol

Monitoring Editor: Gunther Eysenbach

Reviewed by Donald McInnes and Jason Owen

[Jolie N Haun](#), EdS, PhD,⁸¹ [Kim M Nazi](#), BS, MA, PhD,² [Margeaux Chavez](#), MPH, MA,¹ [Jason D Lind](#), MPH, PhD,¹ [Nicole Antinori](#), MBA,¹ [Robert M Gosline](#),³ and [Tracey L Martin](#), MSN, RN⁴

> [J Med Internet Res](#). 2016 Oct 6;18(10):e266. doi: [10.2196/jmir.6499](#).

Developing a Health Information Technology Systems Matrix: A Qualitative Participatory Approach

[Jolie N Haun](#) ¹, [Margeaux Chavez](#), [Kim M Nazi](#), [Nicole Antinori](#)

> [J Med Internet Res](#). 2017 Oct 23;19(10):e359. doi: [10.2196/jmir.8614](#).

Veterans' Preferences for Exchanging Information Using Veterans Affairs Health Information Technologies: Focus Group Results and Modeling Simulations

[Jolie N Haun](#) ^{1 2}, [Margeaux Chavez](#) ¹, [Kim Nazi](#) ³, [Nicole Antinori](#) ¹, [Christine Melillo](#) ¹, [Bridget A Cotner](#) ^{1 4}, [Wendy Hathaway](#) ¹, [Ashley Cook](#) ⁵, [Nancy Wilck](#) ⁵, [Abigail Noonan](#) ⁵

Evidence-Base: VHR Workflow Integration

Virtual Medical Modality Implementation Strategies for Patient-Aligned Care Teams to Promote Veteran-Centered Care: Protocol for a Mixed-Methods Study

Jolie Haun ^{1 2}, Margeaux Chavez ¹, Wendy Hathaway ¹, Nicole Antinori ¹, Christine Melillo ¹, Bridget A Cotner ^{1 3}, Julie McMahon-Grenz ¹, Brian Zilka ⁴, Shilpa Patel-Teague ^{1 5}, William Messina ⁴, Kim Nazi ⁶

Research article | [Open Access](#) | Published: 12 August 2021

Proactive integrated virtual healthcare resource use in primary care

[Jolie N. Haun](#), [Bridget A. Cotner](#), [Christine Melillo](#) , [Vanessa Panaite](#), [William Messina](#), [Shilpa Patel-Teague](#) & [Brian Zilka](#)


Research | [Open Access](#) | Published: 15 November 2022

Provider reported value and use of virtual resources in extended primary care prior to and during COVID-19

[Jolie N. Haun](#), [Vanessa Panaite](#), [Bridget A. Cotner](#), [Christine Melillo](#) , [Hari H. Venkatachalam](#), [Christopher A. Fowler](#), [Brian Zilka](#) & [William Messina](#)

Research | [Open Access](#) | Published: 18 November 2022

Primary care virtual resource use prior and post COVID-19 pandemic onset

[Jolie N. Haun](#), [Vanessa Panaite](#) , [Bridget A. Cotner](#), [Christine Melillo](#), [Hari H. Venkatachalam](#), [Christopher A. Fowler](#), [William Lapcevic](#), [Amy C. Alman](#), [Dustin D. French](#), [Brian Zilka](#) & [William Messina](#)

Project Aims

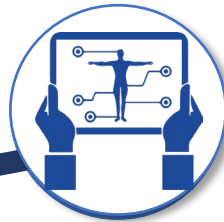
Aim 1

Describe inputs, activities, and outcomes of identified virtual healthcare resources (VHR) super users across five specialty services (i.e., Cardiology, Whole Health, Spinal Cord Injury, Rehabilitation, Education).



Aim 2

Collaborate with operational partners to develop a VHR Best Practices Navigation Guide Blueprint to inform the development of navigation support to VHR education/information resources (e.g., Talented Management System (TMS)).



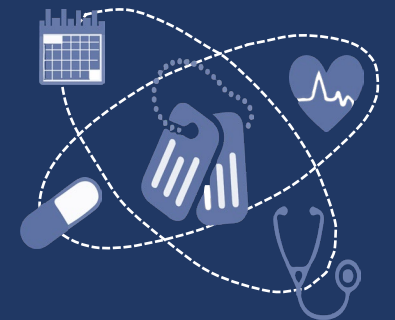
Aim 3

Develop data visualization assets to organize and illustrate super users' best practices across the care continuum in 5 specialty services.



Overall Project Objective:

Describe *virtual health resource superusers'* activities and outcomes to *document their practices*, to inform identification and dissemination of current and *best practices*.



Team Connect

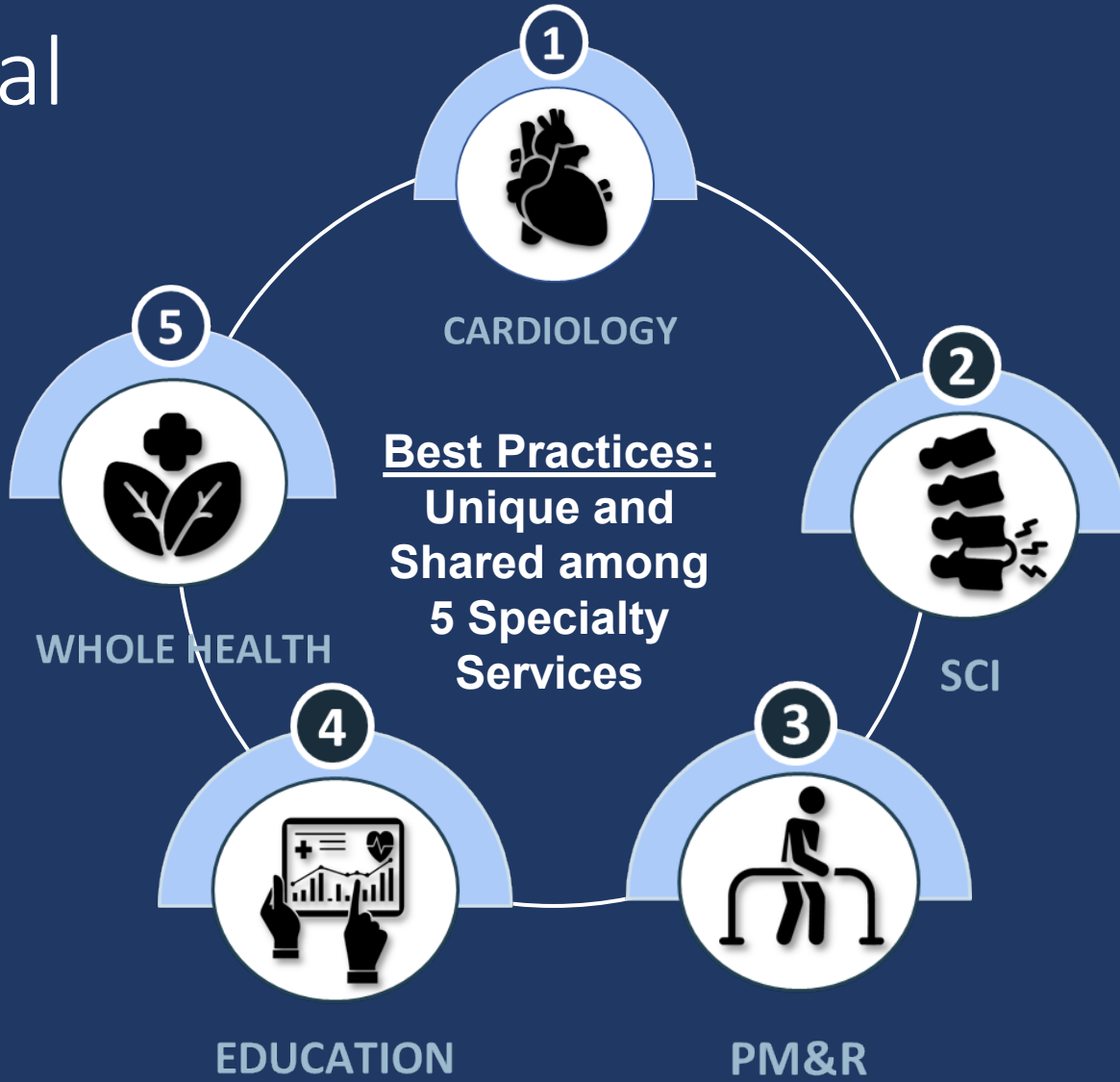
Qualitative Methods Employed to Identify Best Practices of Virtual Healthcare Resources



15 Superusers were identified in five special services



12 Superusers from the initial cohort conducted follow-up interviews for validation and VHR demonstrations



Project Notables

1. This is a scan of “best practices” identified by super. Content may not be exhaustive due to respondents’ knowledge base – practices may have not been reported or respondents may be unaware a practice exists, or their “workaround” may not be an ideal practice.
2. With the constant changing virtual healthcare climate, especially post pandemic, these data are moving targets; policies and practices change regularly which impact accuracy of these data as our virtual systems evolve.
3. During analysis, we had to balance brevity and precision with a comprehensive illustration of proactive integrated use of VHRs.
4. In general, only practices that emerged from the data are illustrated; however, we integrated knowledge that we know from the field – these inclusions are denoted throughout.

Data Analysis & Visualization

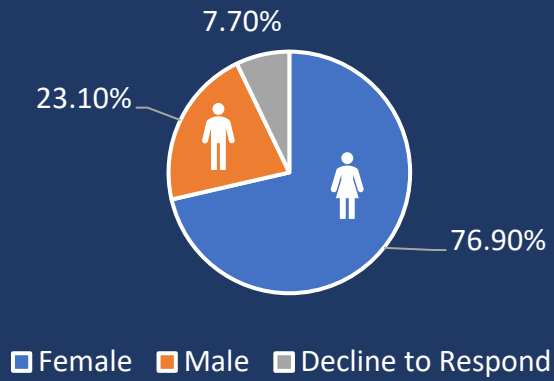


Data Analysis & Visualization

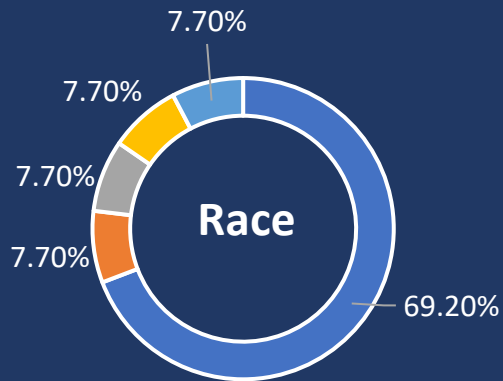


Demographics of Superusers (n=13)

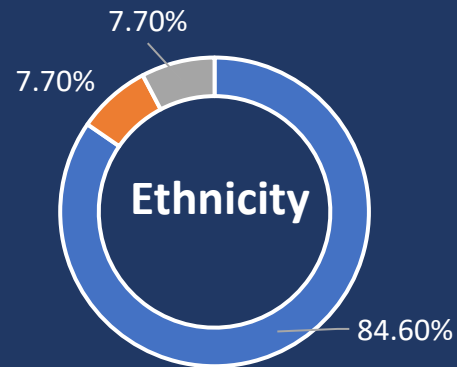
Gender



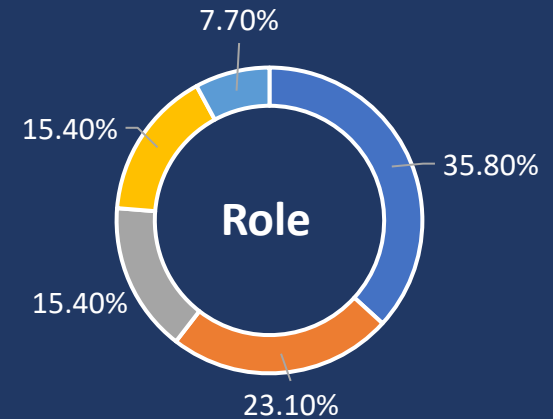
Age (Mean): 47.5 Years Old
Years in Practice (Mean): 18.4
Years in VA (Mean): 16.7



- White, Caucasian
- Asian (Chinese, Filipino, Japanese, Korean etc.)
- Black, African American
- Other (Indian)
- Decline to Respond



- Not Hispanic
- Hispanic
- Decline to Respond

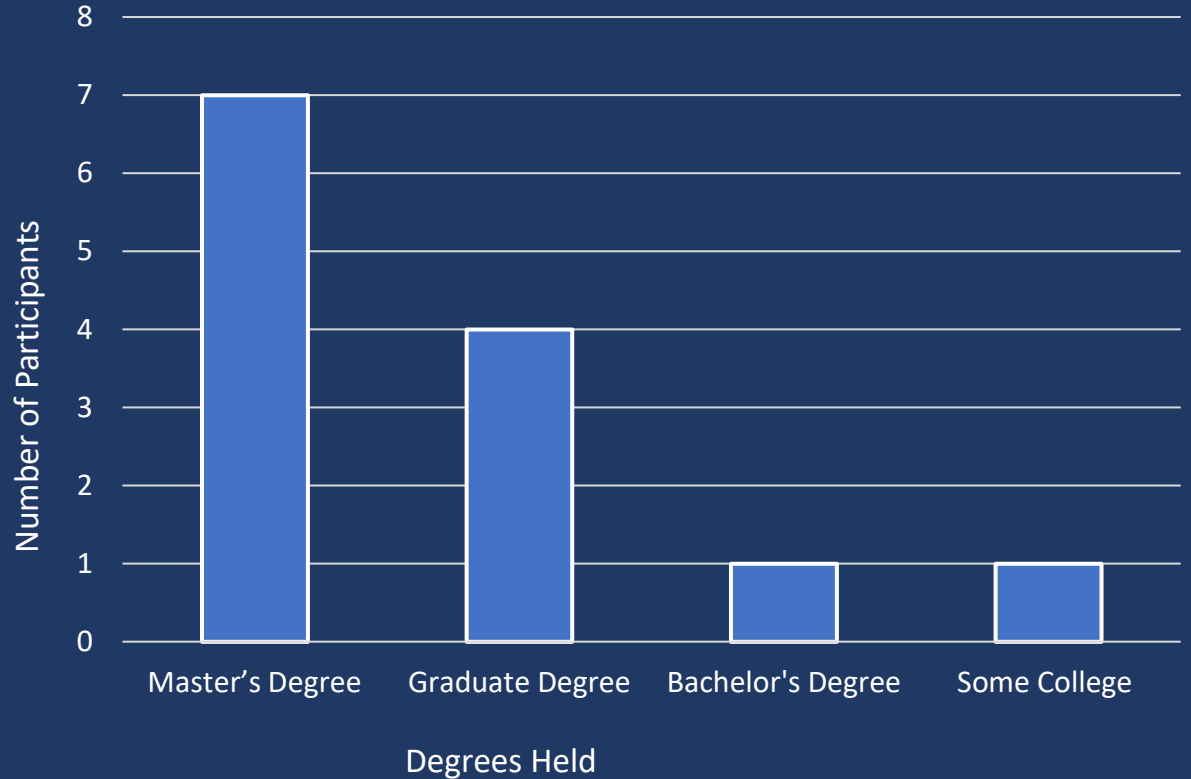


- Nurse (ARPN, RN, LPN)
- Provider (M.D., D.O.)
- Therapist (Occupational, Physical, Speech)
- Other (Telehealth Coordinator, Health Education Coordinator)
- Psychologist

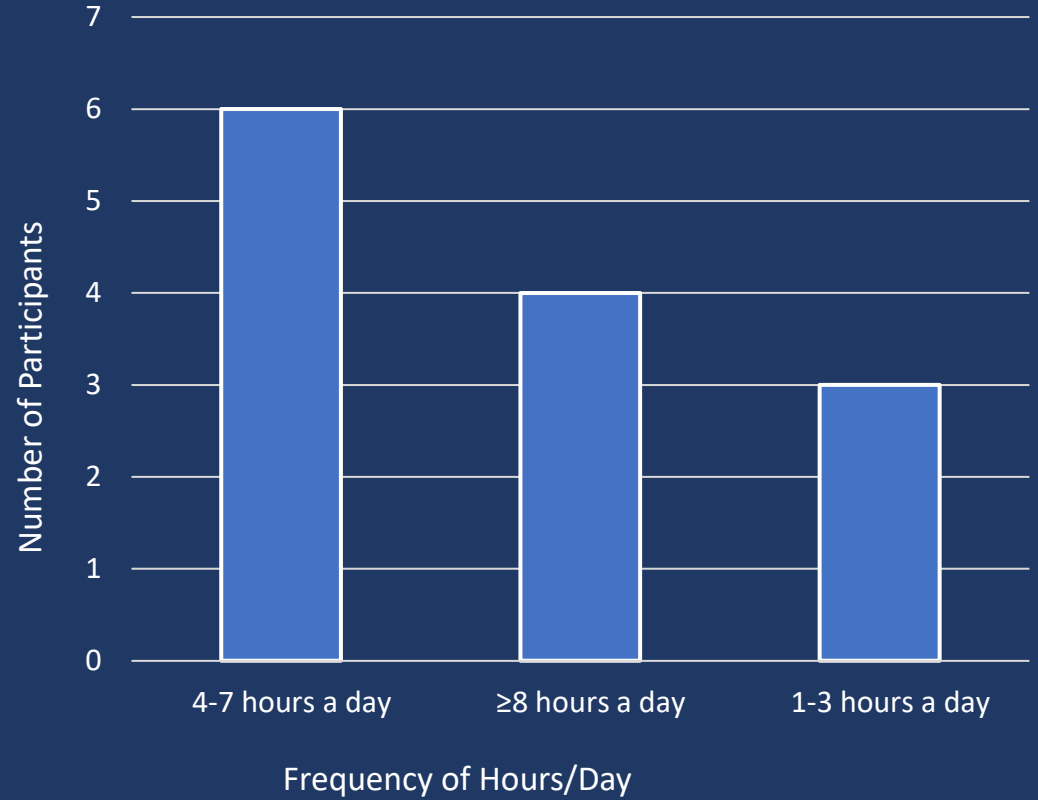
Demographics of Superusers (n=13)



Highest Professional Degree



Participants' Reports of VHR Use



Interview Findings Summary



Benefits of VHRs

- Access to system and care
- Cost Effectiveness
- Improved Care

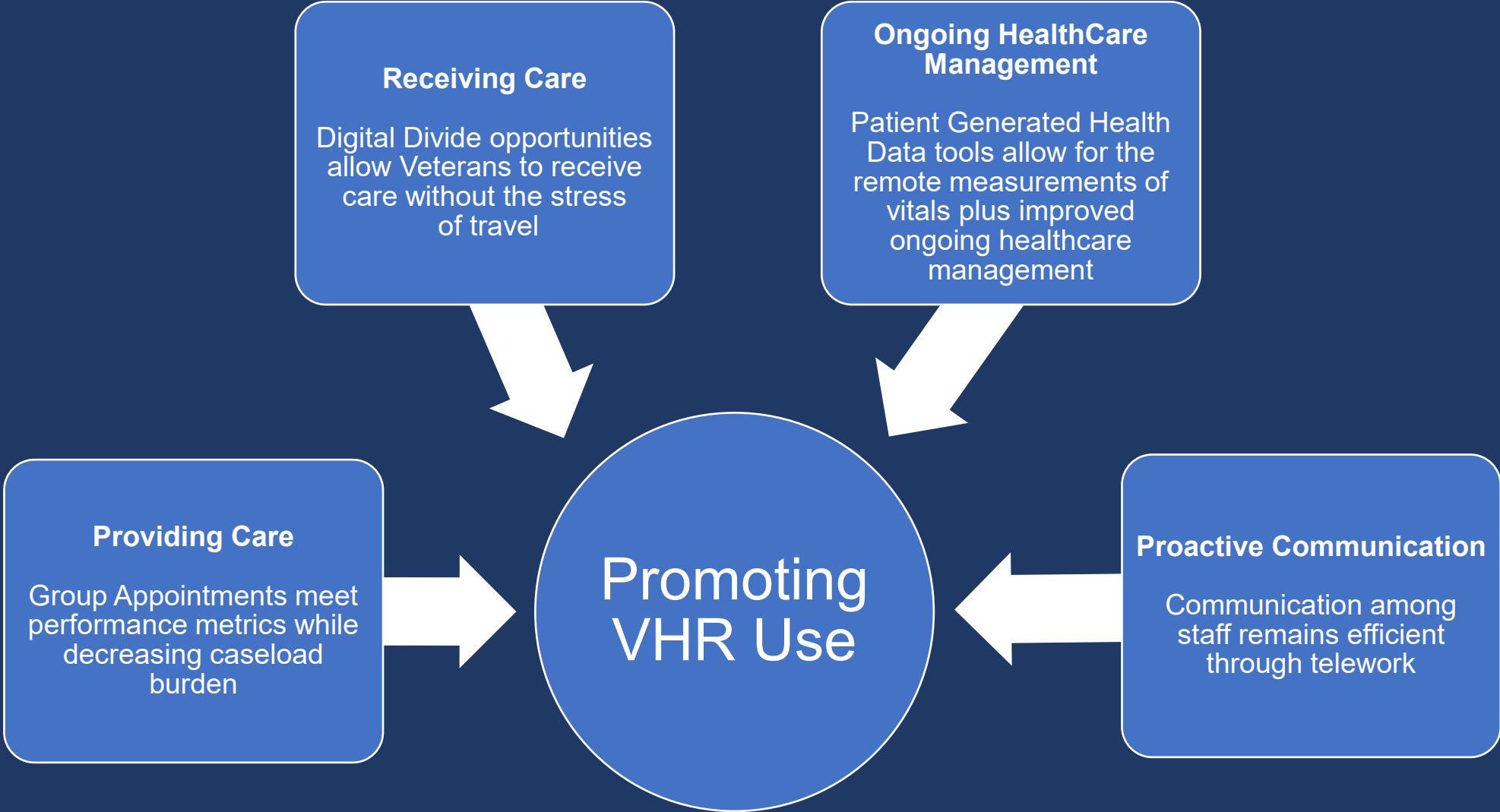
Barriers of VHR Use

- Connectivity Access
- Technology Literacy
- Human Resource and Devoted Time
- Awareness of Available VHRs

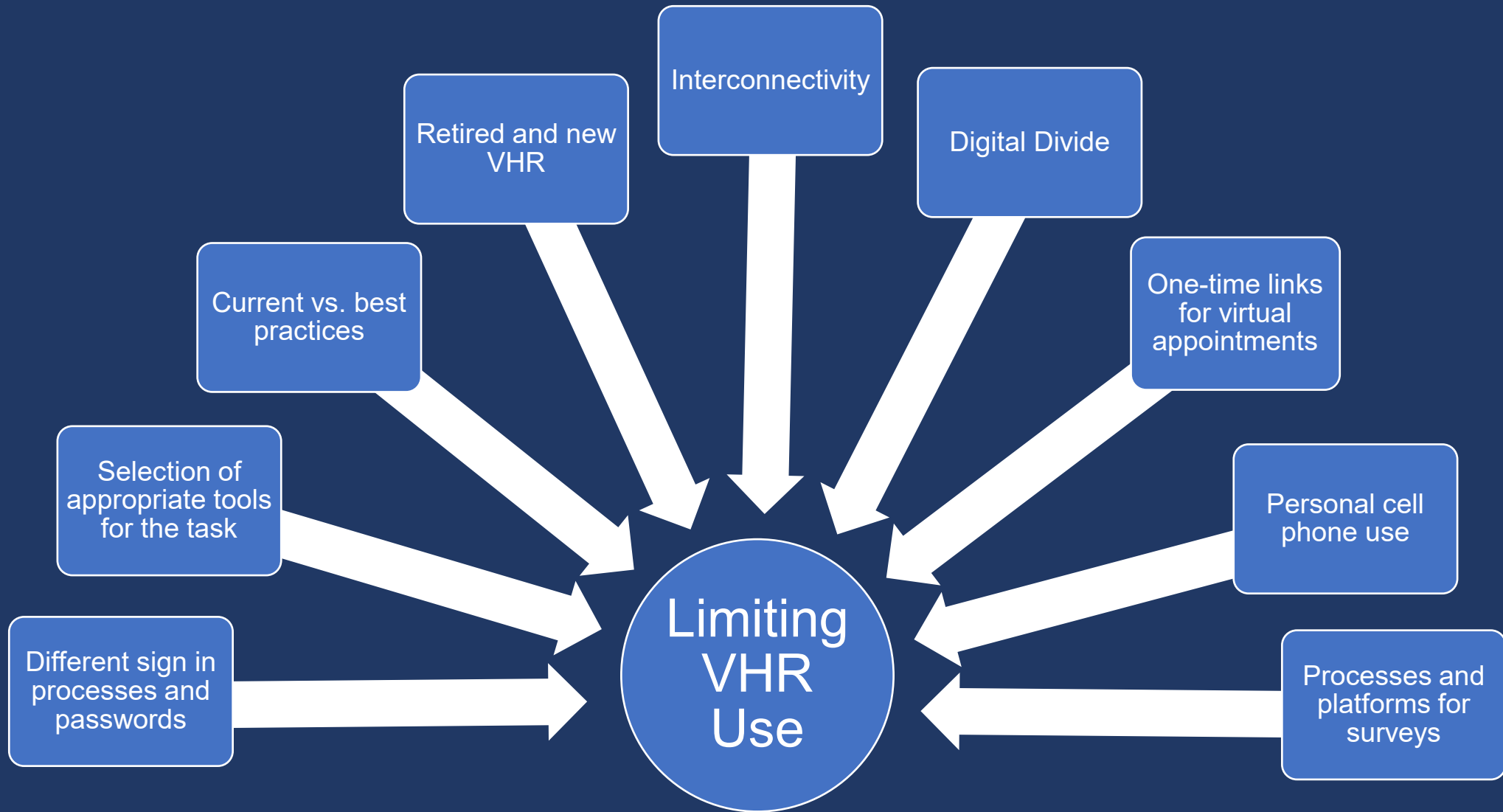
Facilitators for Proactive Integrative VHR Use

- Appropriate or Compatible Devices
- Real-Time IT Support
- Education and Knowledge
- Interconnection Between Different VHRs

Factors that Promote VHR use



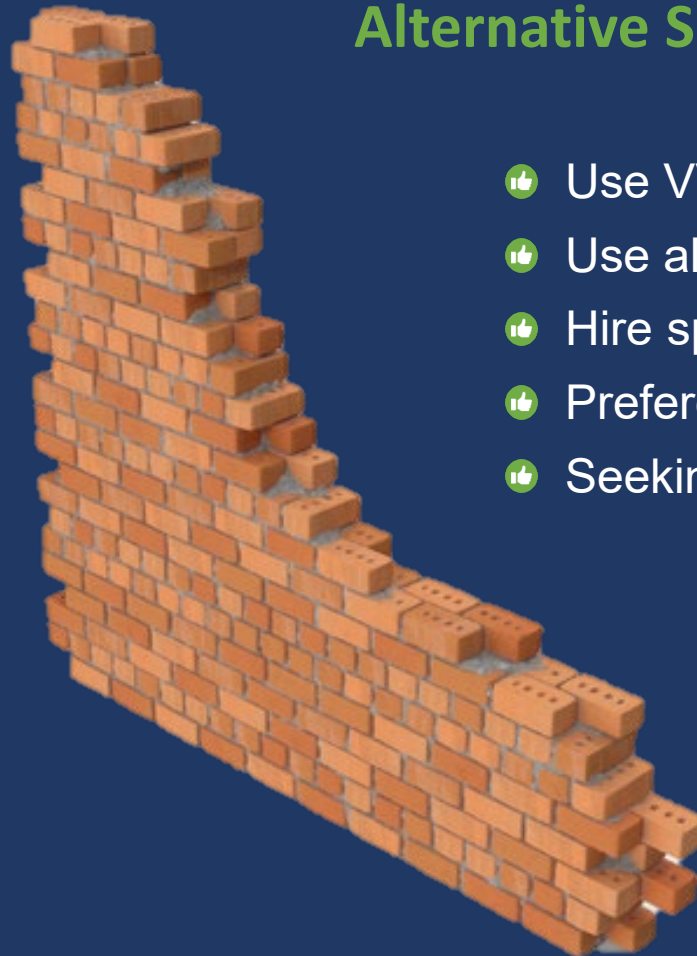
Factors that Limit VHR Use



Identified Barriers & Solutions of Providing Virtual Specialty Care

Identified Barriers

1. Connectivity Access
2. Technology Literacy
3. Human Resource and Devoted Time
4. Awareness of Available VHRs



Alternative Solutions Applied to Overcome Barriers

- 👍 Use VVC with Doximity, instead of Cisco Jabber¹
- 👍 Use alternative VPN¹
- 👍 Hire specialized personnel (.5 FTE)^{2,3}
- 👍 Preference of WebEx instead of VVC^{2,4}
- 👍 Seeking super user's assistance to learn⁴

*Barrier numbers superscripted behind appropriate solutions

Identified Barriers and Solutions of Training Gaps and Redundancies

Identified Barriers

1. Technology Training and Awareness
2. Learning Curve Impacts Workflow
3. Limited Persistent or Hands-On Experience Available



Alternative Solutions Applied to Overcome Barriers

- 👍 Reaches out to OI&T to address issues or questions¹
- 👍 Developed a resource list of solutions to technology issues²
- 👍 Attendance at monthly committee meetings to discuss new and existing VHRs^{2,3}
- 👍 Nation-wide collaboration to share experiences and learn^{2,3}

*Barrier numbers superscripted behind appropriate solutions

Data Analysis & Visualization



VIRTUAL HEALTHCARE RESOURCE USE THROUGHOUT THE CARE CONTINUUM ACROSS SERVICES

Pre-encounter



Post-encounter



Medical Encounter – Combined Services

Pre-Appointment

- Schedule appointment recruitment for classes (Phone)
- Sends appointment reminders (VVC, App reminder, WebEx, Virtual care manager, email)
- Preparing for a visit (Phone, Appointment reminders, Secure Messaging, Health Summary, imaging, PACTS system in CPRS)
- Assess familiarity with the system VVC (Phone)
- CAN risk assessment to group Vets with elevated scores (CPRS notes and alerts)
- Discuss Advanced Directives (CPRS, VVC/telehealth)
- Identify current symptoms and treatments (Blue button, SM, telehealth, Kiosks)
- Views Calendar & Messages (SM, telephone)
- Plan team activities via huddles
- Manage consults (CPRS, Telephone)

Check-in

- Online check-in (WebEx)
- 5 min. reminder email (VVC, WebEx)
- Complete required forms (CPRS, Veterans health library)
- Assess connectivity and troubleshoot (VVC)
- Ask Veterans to check in (VetLink Kiosks)
- Desk clerk informs providers of Veterans of arrival (Microsoft Teams, Google voice, CPRS)
- Personal information updates (VVC and CPRS at the same time)

History/ Examination

- History taking (JLV, direct texting, CPRS chart and imaging)
- Interview and exam (VVC, Virtual Care Manager, Telehealth, Telephone, WebEx Doximity)
- Outcome measures for mental health (CPRS)
- (Virtual Care Manager)
- Reviews vitals and patient-generated data (Scale records, VA Cognitive Behavioral Therapy App)
- Home therapy system program to run baseline data (Virtual Care Manager)
- Measure and document health indices (CPRS, Labs and tests, SM, VVC, Veterans Health library, Kiosks)
- Consenting for procedures (CPRS, Veterans' health library)
- Assess home environment (VVC)

Diagnosis

- Review preexisting conditions (JLV, CPRS)
- Live self reported measures (WebEx chat box & screen share)
- Program specific dashboard for research documentation (Excel)
- Review labs and tests (Telehealth, VVC)
- Complete patient-reported questionnaires (Webex)
- Explain results of standardized assessments (e.g., FIM) (Virtual Care Manager)
- Document diagnosis (CPRS)

Treatment Plan & Care

- Patient education (non-VA apps, Telehealth, telephone, YouTube, Veterans Health Library, email, PowerPoint, Word doc., WebEx)
- (Share non-VA resources (Secure Messaging, email, .))
- Coordinate care with other team members (Microsoft Teams, email)
- Communicate plan of care with providers (Microsoft Teams, Telephone, Virtual Care Manager)
- Coordinate care with other providers (Microsoft Teams)
- Document assessment and plan (CPRS, Veterans' health library)
- Prescribe medication (CPRS)
- Identify apps patient would benefit from (virtual tool Rx)
- Compensatory strategy teaching (Secure Messaging, Direct texting, VVC)
- Share Individualized treatment programs purchased by VA (Secure Messaging)

Check-out

- Make follow up appointment (Secure Messaging, CPRS, VCM)
- end polling questions, Feedback forms (WebEx, survey monkey)
- Clinic order and notes (PRs imaging health summary and PACT)
- Code work performed (Telephone, CPRS)
- Order equipment
- Check if equipment was received (Secure Messaging)

Post-Appointment

- Program feedback and evaluation (survey Monkey)
- Patient education (Blind email)
- Document past encounter and provide information to for other providers (CPRS,)
- Communicate plan of care with providers (Microsoft Teams, Telephone, Virtual Care Manager)
- Revise treatment plan (Annie/Vetext, CPRS, Journals, non-VA mobile apps, VA mobile apps, Kiosks, Vista Imaging/scheduling)
- Collect patient-generated data (FitBit/Apple Watch)
- Keep up to date on education (online journals)

Ongoing Health Management

Patient Activities & VHRs

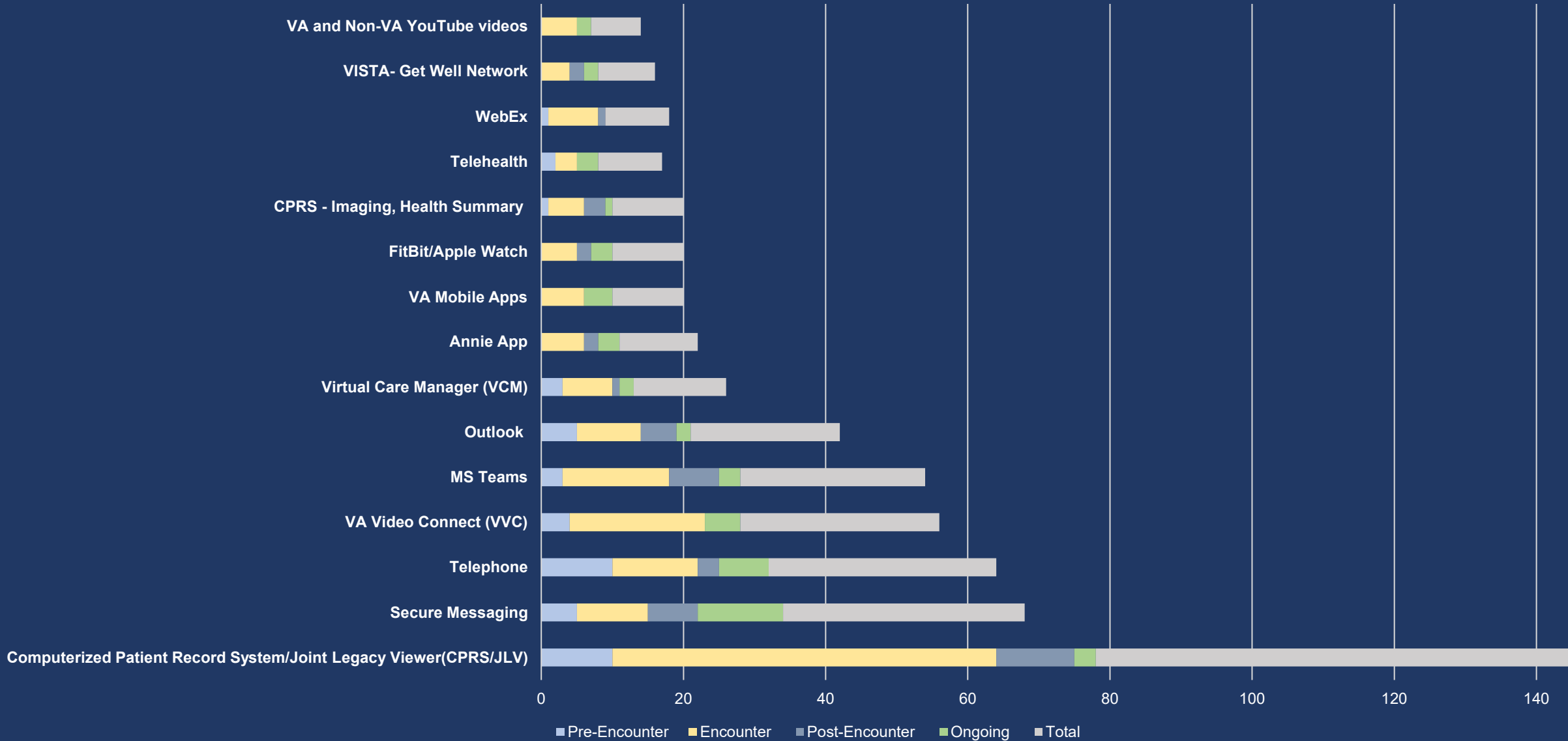
- Tracking of data (e.g., BP, weight) (fit bit, CBTI app for sleep)
- Report satisfaction with care (online surveys)
- Appointments (VVC)
- Communicating with Provider (Telephone, Virtual Care Manager)

Provider Activities & VHRs

- Communicate and consult w/healthcare providers (Teams)
- Receiving/managing referrals (utilizing excel to keep track of individuals coming to Immersion).
- Recruitment for the different programs.
- Search for resources in (SharePoint)
- Assist with care level transitions
- Medication reconciliation
- Provide Veterans with ongoing home exercises (phone calls, Virtual Care Manager)
- Assist with prescription refills (Secure Messaging, CPRS)

Top Utilized VHRs

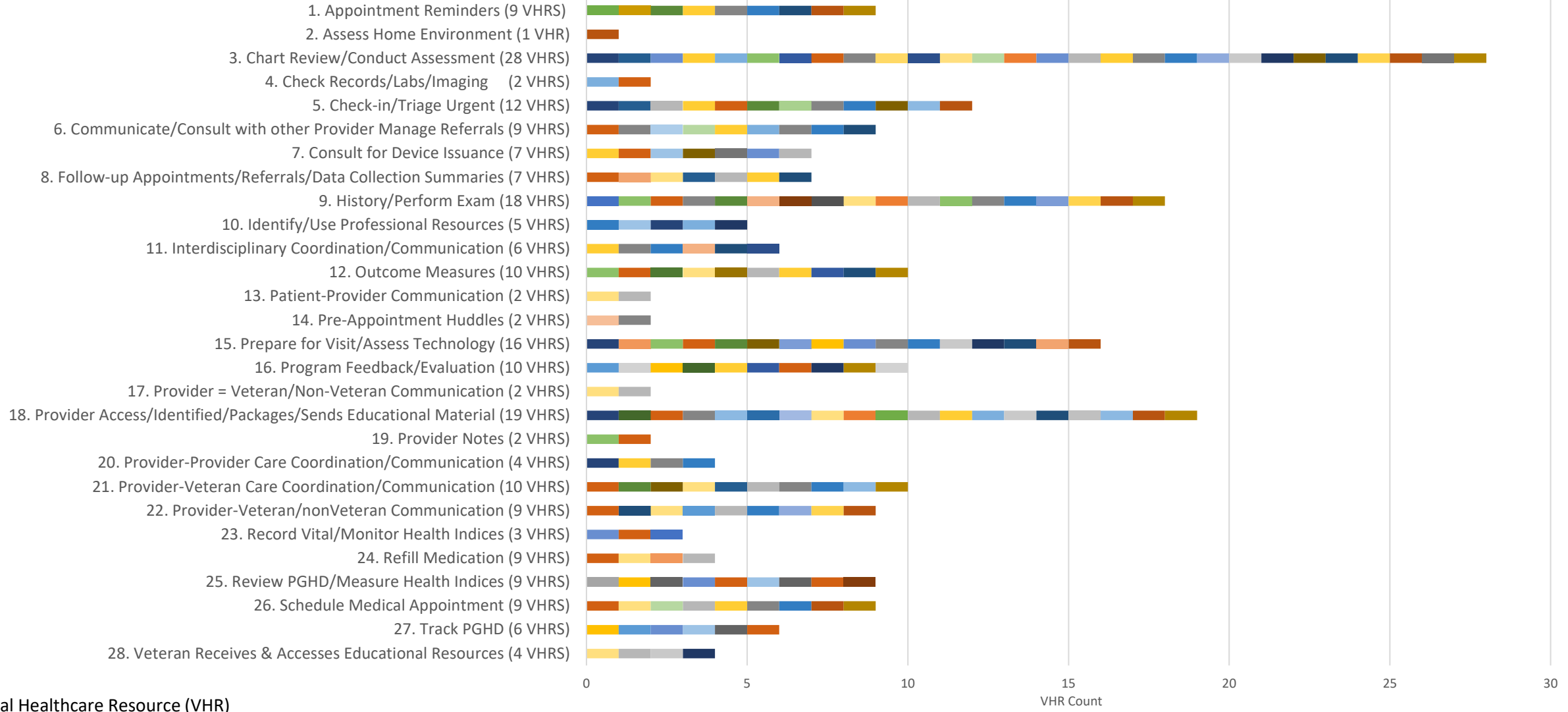
Counts of Use Across the Care Continuum



Preliminary findings

VHR Utilization Counts Per Task

Consecutive Order of Tasks identified from the Care Continuum



Virtual Healthcare Resource (VHR)

■ 3D camera (App)	■ AliveCor (Non-VA App)	■ eAMP (external link)	■ Annie for Clinician (VA App)	■ Annie for Veteran (VA App)	■ Appointment Reminders (MHV)	■ BCMA barcode medication administration, (for inpatients) (CPRS)	■ Blind email (function)	■ Blood Pressure Monitor	■ Blue Button (MHV)
■ Care Assessment Need (CAN) Risk Assessment(CPRS)	■ CARF Survey?	■ CBT1 Coach	■ Cisco Jabber	■ Clinical Video Telehealth (CVT)	■ Consult Management (CPRS)	■ Flags (CPRS)	■ Group notes and alerts (CPRS)	■ Imaging, Health Summary, and PACTS (CPRS)	■ CPSS
■ CPRS/ALV	■ Direct Texting	■ DMIC	■ Doximity (Non VA-App)	■ Early Sense	■ Echo Device (VVC)	■ Engineered Care (CPRS)	■ EHRM (Cerner)	■ Joint Legacy Viewer (CPRS)	■ Google Voice (Non VA App)
■ Healthy Living Assessments (MHV)	■ Home Therapy System (?)	■ Headset	■ Pad	■ Image Viewing Solution (VS) - (VA app)	■ Individualized treatment programs purchased by VA. (VCM)	■ iShaped (CPRS)	■ Informed Consent	■ Joint Legacy Viewer (CPRS)	■ Journals (MHV)
■ HAMES (CPRS link?)	■ iPSAMES on Demand?	■ Labs and Tests (CPRS, ALV)	■ Leap	■ LEAF System	■ Mail out (send encrypted emails) (Outlook)	■ Medline Plus	■ Mental Health Assistance (CPRS)	■ Microdocx (CPRS link)	■ Microsoft Suite package- Excel, Word, PPT
■ Immobile devices	■ My HealthVet	■ Excel (Microsoft suite)	■ PowerPoint (Microsoft suite)	■ PFSD Coach	■ Mail out (send encrypted emails) (Outlook)	■ No reply email - Not needed	■ Non-VA Mobile Apps	■ Non-VA online resources	■ Nursing Link
■ Online Journals (websites)	■ Phone Link (VCM)	■ Pulse Oximeter	■ RxRefill (MHV)	■ Return to Clinic (CPRS)	■ RxRefill (MHV)	■ RDES (remote order entry system) (CPRS)	■ Rx Refill (MHV)	■ Secure Messaging (MHV)	■ Outlook (Microsoft suite)
■ Outlook (Microsoft suite)	■ SmartScale (VVC)	■ Sunly Monitor	■ Telehealth (bucket of tools)	■ Teams (Microsoft suite)	■ Telehealth (bucket of tools)	■ Telephone	■ TMS	■ URG Generator	■ USA Mobility (text paging)
■ VA and/or Non-VA YouTube videos for education	■ VA Cognitive Behavioral Therapy for Insomnia App (CBTI) (VA app)	■ VA Images App (VA app)	■ VA National surveillance website	■ VA Mobile Apps/Store	■ VA National surveillance website	■ Veterans Health Library (CPRS)	■ VetLink Kiosks	■ Virtual Care Manager (VCM)	■ Virtual Reality
■ Virtual tool Rx (Resource from DCC)	■ Virtual Veteran Orientations	■ VISTA 8 nucleus (linked to CPRS) (CPRS)	■ VISTA - Imaging (CPRS)	■ VISTA - Get Well Network	■ Vitals Tracker (MHV)	■ Vocera	■ VA Video Connect (VVC)	■ Web VISA Remote Access Management (WebVRAM)	■ WebEx
■ Websites	■ Wellness Reminders (MHV)	■ Weight management scale	■ YouT	■ Zoom					

Exemplar Practices of Virtual Care Provider Super Users



CARDIOLOGY

Utilizes a provider facing VA app VA Video Connect (VVC) that automatically integrates Patient Generated Health Data (PGHD) vitals from Veteran Bluetooth-enabled devices (e.g., Apple Watch, FitBit and Pulse Ox machine) to inform clinical decision-making.



SCI

Dedicated telehealth coordinator assesses the readiness of the Veteran prior to their visit and performs a virtual practice with the Veteran.



PM&R

Providers use a URL generator to create a static link that is sent to Veterans for quick access to their VVC appointment.



EDUCATION

For Veterans admitted as in-patient, an iPad allows the patient to virtually connect with family or caregivers.



WHOLE HEALTH


Staffed specialized personnel who can assist Veterans and staff with technical issues. The department has 2 staff members who assist with IT support within the department (.5 FTE)

Best Practices Workbook Activity

Specialty Services Best Practices Identification Workbook

Team Connect created a Best Practices Identification Workbook to evaluate current practices in the field through a crosswalk of instructional materials and resources on the Connected Care Academy website and other VA resources.

CARDIOLOGY



Current Practices Identified

Pre-Encounter Activities

1 Appointment Reminders ← Activity Category

- Provider sends Veteran appointment reminders via **Outlook (Microsoft Suite)** in addition to a courtesy reminder **telephone** call by assigned volunteer team member (who also handles the logistics of the virtual appointment). ← Task description with VHR bolded

Color-Coded Care Continuum Phase

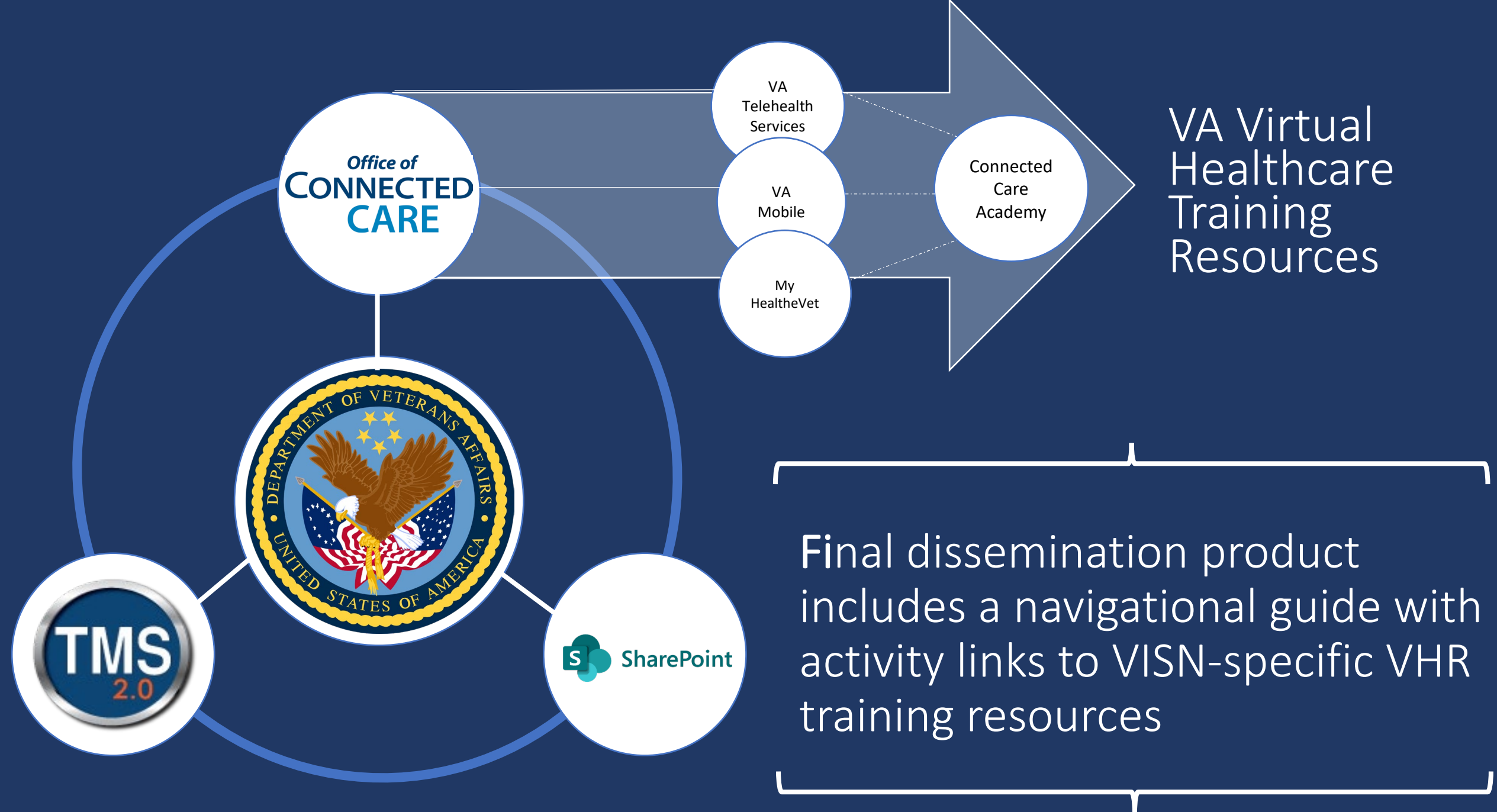
Current Practice
Best Practice
De-Implement
Undecided
No Response

Drop-down to choose the most appropriate practice for each task within the activity category

Text box to document key findings about the task and VHR

Workbook Activity Approach

1. Connected Care Academy enrollment
2. Academy's search engine utilization
3. Resource evaluation



Workbook Activity Quality Check Outcomes

Service	Phase	Description	Platform	Link	Practice
SCI	Pre-Appointment	Providers receives and reviews a hard copy of the Veteran's file packet shared by the doctor. CPRS is also reviewed.	Share Point	CPRS Page on SharePoint	Best Practice
SCI	Pre-Appointment	Telehealth Coordinator sets up a VVC test call to assist the Veteran with set-up and documents the visit in CPRS. Once identified as video capable, provider sets up a link in VCM.	Connected Care Academy	VCM Community on Blackboard	Best Practice
SCI	Pre-Appointment	Provider uses telephone during the exam.	Connected Care Academy	VVC page on Telehealth	Undecided

Strengths

Tasks were validated by content to validate type of practice

Providers reported unique practices that met Veteran and provider needs

There are very few practices that resulted in a de-implement recommendation

Opportunities

Limited content-development warranted

- Outdated or inconclusive material can be revised

Activities potentially not under OCC purview

Data Validation

1

Workbook activity integrated into a data validation MS Excel code workbook.

2

Qualitative review of data and resources performed to analyze type of practice (i.e., Best, Current or De-Implement) criterions.

3

Validation conducted with operational partner SME. Consensus was reached after multiple rounds of validation.

Total practices validated (N=229)

- Practices with single VHR (n=124)
- Practices with multi-VHR (n=104)
- Practices with missing VHR (n=1)
- Best (n=128)
- Current (n=80)
- De-Implement (n=12)
- Undecided/Unclear (n=9)

Supporting Evidence for Determining Best Practices

Resource: VA Video Connect Web Guide for Providers

Best
Practice

Provider uses the Stethoscope peripheral device that interacts with the Veteran during a VA Video Connect (VVC) appointment to listen to the patient's lungs and heart in a virtual setting for tracking patient generated health data (PGHD).

Current
Practice

On-floor staff is reached via telephone or Vocera.

Supporting Evidence for Determining Best Practices

De-Implement
Practice

Zoom can be used for Veteran encounters with providers.



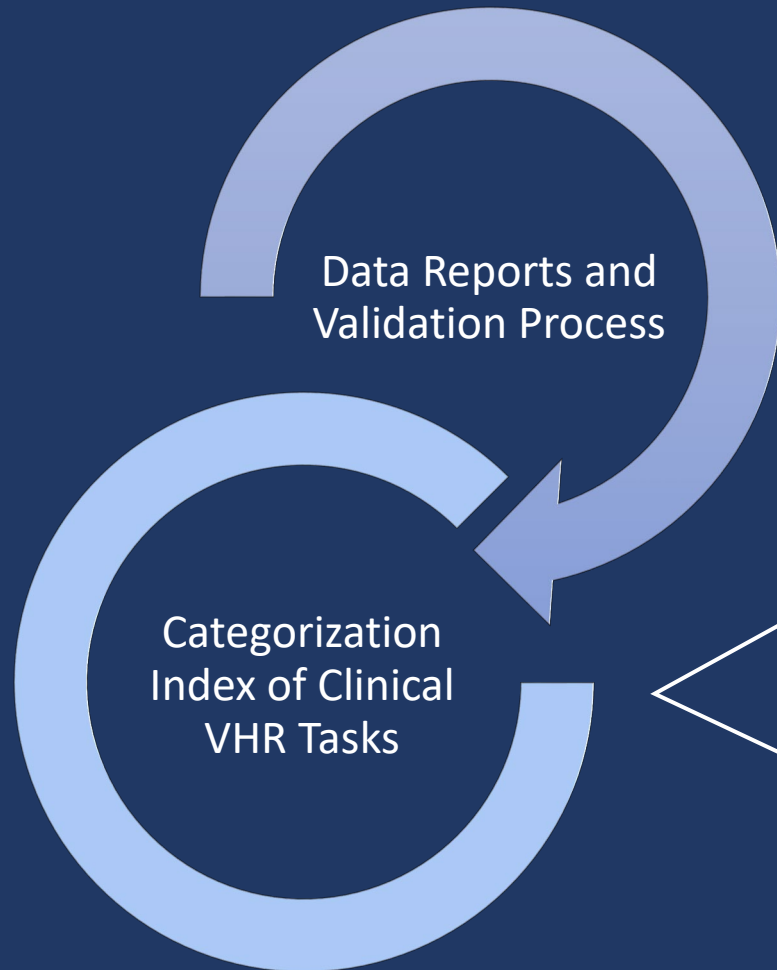
Zoom and other public facing third party video technology platforms (i.e., WebEx, MS Teams, FaceTime) were only approved for clinical encounters during the 2020 COVID-19 pandemic. By August 9, 2023, all VA facilities should use VA Video Connect (VVC) as the primary video platform for remotely delivered clinical care. Webex remains the only VA-approved alternate technology and is configured for clinical use in limited circumstances.



Data Analysis & Visualization



Data Evolution & Final Products



Based on data collection and complex in depth analyses we created an inventory of VHRS, index of tasks, and summaries of current & best practices, which are uniquely mapped across the care continuum of five specialty care services.

List of VHRs - 103 Total

- 3D Camera
- Alivecor (app)
- Accessibility Management Platform (AMP)*
- Annie App for Clinicians
- Annie App for Veterans
- Barcode Medication Administration (BCMA)*
- Blood Pressure Monitor (peripheral device)
- Blue Button (MHV)*
- Care Assessment Need (CAN) Risk Assessment (CPRS)
- CARF Survey (for accreditation)*
- CBT-I Coach (app)
- Cisco Jabber
- Clinical Video Telehealth (CVT)*
- Consults (CPRS)
- Computerized Patient Record System (CPRS)
- CPT Coach (app)
- Digital Scale (peripheral device)
- Direct Texting
- Document Storage Systems (DSS) DocManager*
- Doximity
- EarlySense Monitoring System*
- Echo Device (peripheral device)*
- Electronic Health Record Modernization (EHRM) Cerner Millennium*
- Engineered Care*
- Excel (Microsoft Suite)
- FitBit/Apple Watch

*Not included in final analysis presentation (n=43)

Red = De-implement

Telehealth: 1) Store and Forward, Asynchronous, Synchronous

List of VHRs (Continued)

*Not included in final analysis presentation (n=43)

Red = De-implement

Telehealth: 1) Store and Forward, Asynchronous, Synchronous

- Flags (CPRS)
- Get Well Network (VistA)
- Glucometer
- Google Voice*
- Health Summary (CPRS)*
- Healtheliving Assessment (MHV)*
- Image Viewing Solution (VistA app)*
- iMedConsent*
- In-Patient Blood Pressure Machine (CPRS)
- In-Patient Vital Machine (CPRS)
- Insomnia Coach (app)
- iPad
- Joint Longitudinal Viewer (JLV)*
- KRAMES/KRAMES On Demand
- Labs & Tests (CPRS)
- Light Electronic Action Framework (LEAF)*
- Live Whole Health App
- Medline Plus*
- Mental Health Assistant (CPRS)*
- Mobile Devices*
- My HealthVet (MHV)
- My VA Images (app)*

List of VHRs (Continued)

*Not included in final analysis presentation (n=43)

Red = De-implement

Telehealth: 1) Store and Forward, Asynchronous, Synchronous

- Notes & Alerts (CPRS)
- Online Journal Websites*
- Outlook (Microsoft Suite)
- Patient Care Assessment System (PCAS) (CPRS)*
- Portable Document Format (PDF)*
- Personal Health Inventory Questionnaire
- PowerPoint (Microsoft Suite)
- PTSD Coach (app)
- Pulse Oximeter (peripheral device)
- Qualtrics
- RedCap
- Remote Order Entry System (ROES) (CPRS)
- Return to Clinic Order (CPRS)*
- RX Refill App (MHV)
- Secure Messaging (MHV)
- Share My Health Data (app)
Formerly Sync My Health Data app
- SharePoint (Microsoft Suite)
- Stethoscope (peripheral device)
- **Survey Monkey**
- Teams (Microsoft Suite)
- Telehealth*
- Telephone
- Talent Management System (TMS)*
- Track Health – Journals (MHV)*
- Track Health – Vitals (MHV)*
- Uniform Resource Locator (URL) Generator

List of VHRs (Continued)

*Not included in final analysis presentation (n=43)

Red = De-implement

Telehealth: 1) Store and Forward, Asynchronous, Synchronous

- USA Mobility*
- VA & Non-VA apps
- VA & Non-VA Online Resources*
- VA & Non-VA YouTube Videos
- VA Appointments Tool (MHV)*
- VA Approved Acute Enterprise Standard (VAAES) (VistA)*
- VA Health Chat (app)*
- VA Intranet*
- VA National Surveillance Tool (NST)*
- VA Prescriptions Refill (MHV)
- VA Video Connect (VVC/VVC Now)
- VA Virtual Toolkit Prescription Pad
- Veterans Health Information System Technology Architecture (VistA) Imaging*
- Veterans' Health Library*
- VEText*
- VetLink Kiosk
- Virtual Care Manager (VCM)
- Virtual Tool Rx (app)
- VISN 8 Nucleus (CPRS)
- Vocera*
- Web VistA Remote Access Management (WebVRAM)*
- **WebEx**
- Weight Management Scale (Peripheral device)
- Wellness Reminders (MHV)*
- Word (Microsoft Suite)
- Your IT*
- Zio Patch
- **Zoom**

VHR Best Practices Product Overview

Categorization Index

Primary and secondary categories of VHR best practice activities



Summaries of Best Practices

Detailed workflow cases representing the proactive integrated use of VHR

Identified resources to validate as best practice and education/training to use VHR for task



VHR Categorization Index

1. Appointment Management

2. Patient & Staff Technology & Resource Access

3. Communication & Referrals

4. Patient Care Delivery

5. Labs/Tests Management

6. Referral Management

7. Data Collection Management

8. PGHD Management

9. Medication Management

10. Resources & Education

11. Documentation

VHR Best Practices Categorization Index & Summary Log

1. Appointment Management

1.1 Scheduling Medical Appointment

12

1.2 Sending Appointment Reminder to Veteran

20, 23, 24, 25

1.3 Sharing Virtual Appointment Link/Access Code*

5

1.4 Preparing for Virtual Appointment

22, 26, 28

1.5 Pre-Appointment Huddles*

22

1.6 Follow-up Appointment

2, 26

2. Patient & Staff Technology & Resource Access

2.1 Dedicated Resources For Device Consult/Troubleshooting/Responding To Alert

4, 26

2.2 Prepare for Visit/Assess Technology

16, 26, 27

2.3 Provide Troubleshooting

1, 26, 29

2.4 Provide Training/Support

16, 28

2.5 Obtaining Digital Equipment

21, 26, 36

VHR Best Practices Categorization Index & Summary Log Continued

3. Communication & Referrals

3.1 Provider, Veteran, Non-Veteran Communication

- 2, 14, 15, 18, 30, 34

3.2 Internal/External Interdisciplinary Coordination & Communication

- 3, 4, 10, 22, 25, 29, 33

3.3 Veteran-Initiated Communication

- 18

3.4 Provider-Initiated Communication

- 14

3.5 Adaptive Communication with Veteran

- 1, 6, 8, 15

3.6 Preparation for Communication with Veterans & Caregivers

- 17

3.7 Facilitating Virtual Communication & Access for In-patient

- 31, 49

4. Patient Care Delivery

- 32, 33

4.2 Take History

- 7, 36, 12

4.3 Conducting Virtual Assessment

- 5, 6, 7, 12, 34, 36, 38, 39, 42

4.4 Providing Treatment/Recommendations

- 7, 34, 19

4.5 Conducting Group Appointment*

4.6 Follow Up

- 14

5. Labs/Tests Management

5.1 Request Labs/Tests/Imaging*

5.2 Deliver Labs/Tests/Imaging Results*

VHR Best Practices Categorization Index & Summary Log Continued

6. Referral Management

6.1 Consult for Device Issuance

36

6.2 Provider Referrals for Care*

6.3 Referrals for Technology*

7. Data Collection Management

7.1 Program Feedback/Evaluation*

37

7.2 Documenting Data Summaries

37

7.3 Outcome Measures

8, 18, 40, 41, 42, 51, 52

8. PGHD Management

8.1 Consult for PGHD Device Issuance*

36

8.2 Track PGHD, Record Vitals & Monitor Health Indices

9, 11, 19, 30, 37, 39, 42, 43, 50, 51, 52

8.3 Measure PGHD, Vitals & Health Indices

11, 42, 50, 51

8.4 Veteran-Based VHR

11, 19, 30, 38, 42, 43, 44, 50

9. Medication Management

9.1 Requesting RX/Treatment By Veteran

44

9.2 Refill & Track Medication

44

10. Resources & Education

10.1 Obtaining & Organizing Educational Material

45, 46

10.2 Delivering Educational Material to Patients

7, 8, 14, 20, 28, 47, 49

10.3 Continuing Education and Access Resources for Providers

48

11. Documentation

11.1 Chart Review & Check Records/Labs/Imaging

10

11.2 Provider Notes

10

1. Appointment Management: 1.1 Schedule Medical Appointment

Summary #12: **VCM** can be used to schedule a medical appointment with any Veteran, even if at a different clinic through the anywhere-to-anywhere interface. You can use **WebEx¹** or **VVC** to conduct a remote appointment with a Veteran to address weight, medical history, and presenting complaints. While using **VVC**, you can also access **CPRS** to review Veteran history, which can be kept open during the appointment with the Veteran.

VHRs: VCM, WebEx, VVC, CPRS

Services:   

¹When choosing appropriate video conferencing technology, security, usability, and capacity should be considered. Ongoing and regulatory approval should also be assessed.

<p>Best Practice Resource: https://telehealth.va.gov/</p>	<p>VHR Education Resource: Scheduling -Telehealth – Scheduling - Telehealth Community (blackboard.com)</p>	<p>WebEx: How to use Webex Meetings - Tutorial - YouTube</p>
<p>VVC: VA Video Connect (VVC) – VA Video Connect (VVC) (blackboard.com)</p> <p>VA Video Connect Web Provider Guide (amaa.gov)</p> <p>https://vaots.blackboard.com/bbcswebdav/library/LibraryContent/VA_Video_Connect/VVC_Instructional_Videos/Provider-to-Scheduler_Handoff_in_VVC_video/Provider_to_Scheduler_Handoff_Video.html</p>	<p>VCM: Virtual Care Manager – Virtual Care Manager Community (blackboard.com)</p> <p>https://mobile.va.gov/sites/default/files/user-manual-vcn.pdf</p> <p>Virtual Care Manager User Guide VCM 2.0 (va.gov)</p>	<p>CPRS: CPRS Technical Manual (va.gov)</p> <p>CPRS Session 1 Getting Started</p> <p>https://dvagov.sharepoint.com/sites/vhaiow/SiteDirectory/CPRS/default.aspx</p>

1. Appointment Management: 1.1 Schedule Medical Appointment

Summary #12: **VCM** can be used to schedule a medical appointment with any Veteran, even if at a different clinic through a anywhere-to-anywhere directive. You can use **WebEx¹** or **VVC** to conduct a remote encounter with a Veteran to address weight, medical history, and presenting concerns. You can access **CPRS** to review Veteran medical history, which can be kept open during the encounter with the Veteran.

VHR Index Category and Task

VHRs: VCM, WebEx, VVC, CPRS

Services:   

¹When choosing appropriate video conferencing technology, usability and capacity should be considered. Ongoing and regulatory approval should also be assessed.

<p>Best Practice Resource: https://telehealth.va.gov/</p>	<p>VHR Education Resource: Scheduling -Telehealth – Scheduling - Telehealth Community (blackboard.com)</p>	<p>WebEx: How to use Webex Meetings - Tutorial - YouTube</p>
<p>VVC: VA Video Connect (VVC) – VA Video Connect (VVC... (blackboard.com)</p> <p>VA Video Connect Web Provider Guide (amazonaws.com)</p> <p>https://vaots.blackboard.com/bbcswebdav/library/LibraryContent/VA Video Connect/VVC Instructional Videos/Provider-to-Scheduler Handoff in VVC video/Provider to Scheduler Handoff Video.html</p>	<p>VCM: Virtual Care Manager – Virtual Care Manager Community (blackboard.com)</p> <p>https://mobile.va.gov/sites/default/files/user-manual-vcn.pdf</p> <p>Virtual Care Manager User Guide VCM 2.0 (va.gov)</p>	<p>CPRS: CPRS Technical Manual (va.gov)</p> <p>CPRS Session 1 Getting Started</p> <p>https://dvagov.sharepoint.com/sites/vhaiow/SiteDirectory/CPRS/default.aspx</p>

1. Appointment Management: 1.1 Schedule Medical Appointment

Summary #12: **VCM** can be used to schedule a medical appointment with any Veteran, even if at a different clinic through the anywhere-to-anywhere directive. You can use **WebEx**¹ or **VVC** to conduct a remote appointment with a Veteran to address weight, medical history, and present complaints. While using **VVC**, you can also access **CPRS** to review Veteran history, which can be kept open during the encounter with the Veteran.

VHRs: VCM, WebEx, CPRS

Services:



¹When choosing appropriate services, consider the Veteran's needs and preferences. Ongoing and regulatory approval should also be assessed.

Practice Summary, including task context and relevant VHRs (VHR highlighted in BLUE Font)

<p>Best Practice Resource: https://telehealth.va.gov/</p>	<p>VHR Education Source: Scheduling Telehealth – Scheduling - Telehealth Community (blackboard.com)</p>	<p>WebEx: How to use Webex Meetings - Tutorial - YouTube</p>
<p>VVC: VA Video Connect (VVC) – VA Video Connect (VVC) (blackboard.com)</p> <p>VA Video Connect Web Provider Guide (amazonaws.com)</p> <p>https://vaots.blackboard.com/bbcswebdav/library/LibraryContent/VA_Video_Connect/VVC_Instructional_Videos/Provider-to-Scheduler_Handoff_in_VVC_video/Provider_to_Scheduler_Handoff_Video.html</p>	<p>VCM: Virtual Care Manager – Virtual Care Manager Community (blackboard.com)</p> <p>https://mobile.va.gov/sites/default/files/user-manual-vcn.pdf</p> <p>https://vaots.blackboard.com/bbcswebdav/library/LibraryContent/VA_Virtual_Care_Manager/User_Guide_VCM_2.0 (va.gov)</p>	<p>CPRS: CPRS Technical Manual (va.gov)</p> <p>CPRS Session 1 Getting Started</p> <p>https://dvagov.sharepoint.com/sites/vhaiow/SiteDirectory/CPRS/default.aspx</p>

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VHRs: VCM, WebEx, VVC, CPRS

Services:   

¹When choosing appropriate video conferencing technology, usability and capacity should be considered. Ongoing and regulatory approval should also be assessed.

List of VHRs relevant to task summary

<p>Best Practice Resource: https://telehealth.va.gov/</p>		<p>WebEx: How to use Webex Meetings - Tutorial - YouTube</p>
<p>VVC: VA Video Connect (VVC) – VA Video Connect (VVC... (blackboard.com)</p> <p>VA Video Connect Web Provider Guide (amazonaws.com)</p> <p>https://vaots.blackboard.com/bbcswebdav/library/LibraryContent/VA Video Connect/VVC Instructional Videos/Provider-to-Scheduler Handoff in VVC video/Provider to Scheduler Handoff Video.html</p>	<p>VCM: (blackboard.com)</p> <p>http://</p> <p>Virt:</p>	<p>CPRS: CPRS Technical Manual (va.gov)</p> <p>CPRS Session 1 Getting Started</p> <p>https://dvagov.sharepoint.com/sites/vhaiow/SiteDirectory/CPRS/default.aspx</p>

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VHRs: VCM, WebEx, VVC, CPRS

Services:   

¹When choosing appropriate video conferencing technology, usability and capacity should be considered. Ongoing and regulatory approval should also be assessed.

Services that included data relevant to task and summary

<p>Best Practice Resource: https://telehealth.va.gov/</p>	<p>VH Tele</p>	<p>WebEx: How to use Webex Meetings - Tutorial - YouTube</p>
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1. Appointment Management: 1.1 Schedule Medical Appointment

Summary #12: **VCM** can be used to schedule a medical appointment with any Veteran, even if at a different clinic through the **VCM** interface. You can use **WebEx**¹ or **VVC** to conduct a remote visit. You can use **WebEx** to discuss weight, medical history, and presenting complaints. You can use **CPRS** to review Veteran medical history, which can be kept up to date for the Veteran.

Resource links that indicate summary as example of Best Practice

VHRs: VCM, WebEx, VVC, CPRS

Services:   

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1. Appointment Management: 1.1 Schedule Medical Appointment

Summary #12: **VCM** can be used to schedule a medical appointment with any Veteran, even if at a different clinic through **VCM**. You can use **WebEx**¹ or **VVC** to conduct a remote visit. You can use **VVC** to assess weight, medical history, and presenting complaints. You can use **VCM** to review Veteran medical history, which can be kept in **VCM**.

VHR education resource links

VHRs: VCM, WebEx, VVC, CPRS

Services:   

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VHRs: VCM, WebEx, VVC, CPRS

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5. Labs and Tests Management: 5.2: Deliver Labs/Tests/Imaging*

Current Best Practice: Literature by Haun et al, published best practices in SM (MHV) for delivering labs, tests, and imaging results.

VHRs: SM (MHV)

SM (MHV): [Best Care Everywhere | U.S. Government Bookstore \(gpo.gov\)](#)

[Haun JN, Hathaway W, Chavez M, et al. Clinical Practice Informs Secure Messaging Benefits and Best Practices. *Appl Clin Inform.* 2017;8\(4\):1003-1011. doi:10.4338/ACI-2017-05-RA-0088](#)

[Haun, J. N., Chavez, M., Nazi, K., Antinori, N., Melillo, C., Cotner, B. A., ... & Noonan, A. \(2017\). Veterans' Preferences for Exchanging Information Using Veterans Affairs Health Information Technologies: Focus Group Results and Modeling Simulations. *Journal of Medical Internet Research*, 19\(10\), e359.](#)

[Haun, J. N., Chavez, M., Nazi, K., Antinori, N., Melillo, C., Cotner, B. A., ... & Noonan, A. \(2017\). Veterans' Preferences for Exchanging Information Using Veterans Affairs Health Information Technologies: Focus Group Results and Modeling Simulations. *Journal of Medical Internet Research*, 19\(10\), e359.](#)

[Haun J, Chavez M, Hathaway W, Antinori N, Melillo C, Cotner BA, McMahon-Grenz J, Zilka B, Patel-Teague S, Messina W, Nazi K. Virtual Medical Modality Implementation Strategies for Patient-Aligned Care Teams to Promote Veteran-Centered Care: Protocol for a Mixed-Methods Study *JMIR Res Protoc* 2018;7\(8\):e11262 doi: 10.2196/11262 PMID: 30111531 PMCID: 6115597](#)

Consideration for De-Implementation

Provider sends surveys to Veterans using **Survey Monkey** via **Outlook**.

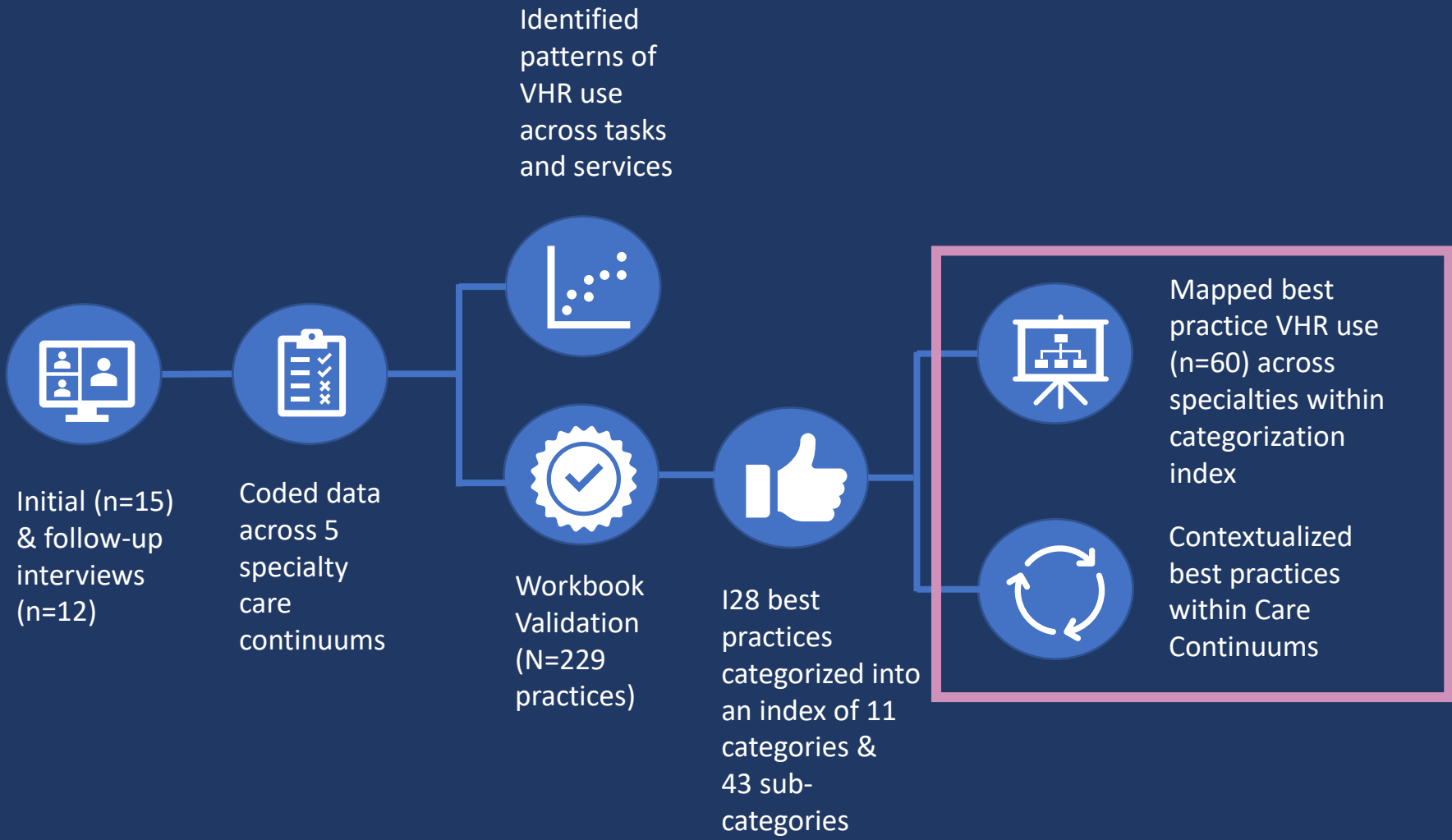
Provider uses **WebEx** and **Survey Monkey** for feedback. **MS Outlook** (blind copy) and **WebEx** chat box are used to send presentations.

Provider uses **WebEx** and **Survey Monkey** for polling.

Survey links sent via **MS Outlook** (blind copy).

Zoom is used for provider-Veteran communication.

Data Analysis & Visualization



Super User Integrated VHR Use Best Practice Matrix (N=60)

Mapping Best Practice
VHR use by service across
11 clinical care activities
and 43 sub-tasks.

Task Activity	Task	Categorization Activity Index (n=11)										
		1	2	3	4	5	6	7	8	9	10	11
		Appointment Management						Patient & Staff Technology Resource				
		Scheduling Medical Appointment	Sending Appointment Reminder to Veteran	Sharing Virtual Appointment Link/Access	Preparing for Virtual Appointment	Pre-Appointment Huddles	Follow-up Appointment	Category Tasks (n=43)				
	3D Camera											
	Alivecor (app)											
	Annie App for Clinicians											
	Annie App for Veterans											
	Blood Pressure Monitor (peripheral device)											
	Care Assessment Need (CAN) Risk Assessment (CPRS)											
	CBT-I Coach (app)											
	Cisco Jabber											
	Consults (CPRS)											
	Computerized Patient Record System (CPRS)											
	CPT Coach (app)											
	Digital Scale (peripheral device)											
	Direct Texting											
	Doximity											

VHRs
(n=60)



Click to access resource.

VIRTUAL HEALTHCARE RESOURCE USE THROUGHOUT THE CARE CONTINUUM ACROSS SERVICES

Pre-encounter



Post-encounter



Medical Encounter – Combined Services

Pre-Appointment	Check-in	History/ Examination	Diagnosis	Treatment Plan & Care	Check-out	Post-Appointment
1.1 Schedule Medical Appointment 1.2 Sending Appointment Reminder to Veteran 1.4 Preparing For Virtual Appointment 1.5: Pre-Appointment Huddles 2.1 Dedicated Resources For Device Consult/Troubleshooting/Responding To Alert 2.2: Prepare for Visit/Assess Technology 2.3: Provide Troubleshooting 3.2 Internal & External Interdisciplinary Coordination & Communication 7.2 Documenting Data Summaries 7.3: Outcome Measures 11.1 Chart Review and Check Records/Labs/Imaging	1.2 Sending Appointment Reminder to Veteran 2.2: Prepare for Visit/Assess Technology 2.3: Provide Troubleshooting 3.2 Internal & External Interdisciplinary Coordination & Communication 4.Patient Care Delivery: 4.1 Check-In/Triage 11.1 Chart Review and Check Records/Labs/Imaging	2.4: Provide Training & Support 3.5 Adaptive Communication with Veteran 4.2 Take History 4.3 Conduct Assessment 7.1 Program Feedback/Evaluation 7.2 Documenting Data Summaries 7.3 Outcome Measures 8.2: Track PGHD, Record Vitals & Monitor Health Indices 8.3: Measure PGHD, Vitals & Health Indices 8.4:Veteran-Based VHR	3.1: Provider, Veteran, Non-veteran Communication 4.3 Conduct Assessment 4.4 Provide Treatment & Recommendations 5.1: Request Labs/Tests/Imaging* 5.2: Deliver Labs/Tests/Imaging* 7.2 Documenting Data Summaries 7.3: Outcome Measures 8.2: Track PGHD, Record Vitals & Monitor Health Indices 8.3: Measure PGHD, Vitals & Health Indices 8.4:Veteran-Based VHR 10.1 Obtaining Educational Material to Patients 10.2 Delivering Educational Material to Patients 11.1 Chart Review and Check Records/Labs/Imaging	2.4: Provide Training & Support 3.1: Provider, Veteran, Non-veteran Communication 3.2 Internal & External Interdisciplinary Coordination & Communication 3.4: Provider-Initiated Communication 3.7: Facilitating Virtual Communication & Access For In-patient 4.4 Provide Treatment & Recommendations 8.4:Veteran-Based VHR 9.1 Requesting RX/Treatment by Veteran 9.2 Refill and Track Medication 10.1 Obtaining Educational Material to Patients 10.2 Delivering Educational Material to Patients 10.3 Continuing Education and Access Resources for Providers 11.2 Provider Notes	1.6 Follow Up Appointment 2.5: Obtaining Digital Equipment 6.1 Device Issuance 6.3 Referrals for Technology* 7.1 Program Feedback/Evaluation 7.3: Outcome Measures 8.1: Consult for PGHD Device Issuance* 9.2 Refill and Track Medication 11.1 Chart Review and Check Records/Labs/Imaging 11.2 Provider Notes	3.1: Provider, Veteran, Non-veteran Communication 3.2 Internal & External Interdisciplinary Coordination & Communication 3.3: Veteran Initiated Communication 3.4: Provider-Initiated Communication 4.6: Follow Up 7.1 Program Feedback/Evaluation 7.2 Documenting Data Summaries 7.3: Outcome Measures 8.2: Track PGHD, Record Vitals & Monitor Health Indices 8.3: Measure PGHD, Vitals & Health Indices 8.4:Veteran-Based VHR 10.1 Obtaining Educational Material to Patients 10.2 Delivering Educational Material to Patients 10.3 Continuing Education and Access Resources for Providers 11.2 Provider Notes

Ongoing Health Management

Patient Activities & VHRs	Provider Activities & VHRs
1.1 Schedule Medical Appointment 1.2 Sending Appointment Reminder to Veteran 3.1: Provider, Veteran, Non-veteran Communication 3.3: Veteran Initiated Communication 7.1 Program Feedback/Evaluation* 7.3: Outcome Measures 8.2: Track PGHD, Record Vitals & Monitor Health Indices 8.3: Measure PGHD, Vitals & Health Indices 8.4:Veteran-Based VHR	3.2 Internal & External Interdisciplinary Coordination & Communication 4.4 Provide Treatment & Recommendations 6.2 Provider Referrals for Care* 9.2 Refill and Track Medication 10.1 Obtaining & Organizing Educational Material 10.2 Delivering Educational Material to Patients 10.3 Continuing Education and Access Resources for Providers

Summary of Data Findings



Our team identified 52 best practice use cases across 60 VHRs that can be explored within 11 categories of tasks reviewing 43 commonly conducted tasks.



Specific findings unique to specialty services that overall, all practices can be applied to most services across the care continuum.



Data can be used for training and education, establishing best practices and practices for de-implementation, and organizing education and resources to connect tasks to training and educational resources.



Future research should not only determine best practices but evaluate outcomes associated with using best practices.

Where Do We Go From Here?



Conclusion

These data provide practical summaries for identifying and illustrating integration of VHRs across service-specific clinical workflows.

This project informs “best practices” in the proactive integrative VHR use across the continuum of care.

“Super Users” best practices using VHRs can inform revised clinical workflows to maximize efficiency and benefit.



Next Steps

Disseminate VHR Inventory, Categorization Index, Summaries, and Care Continuums to support proactive integrated VHR use.

Operationalize VHR practices and test implementation strategies to promote uptake and spread.

Build knowledge and capacity for the proactive integrative use of VHRs to complete tasks across the continuum of care and adapt and enhance service-specific workflows.



Thank you

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