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Unidentified Female: Hello everyone. Good morning or good afternoon, and welcome. This session is part of the VA Information Resource Center’s ongoing clinical informatics cyber seminar series. The series’ aims are to provide information about research and quality improvement applications in clinical informatics and also information about approaches for evaluating clinical informatics application. Thank you to Cyber for providing technical and promotional support for this series.

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At this time, I would like to introduce our speaker. Dr. Jolie Haun is the Co-Core Director for Implementation and Dissemination at the HSR&D Center of Innovation on Disability and Rehabilitation Research at the James A. Haley VA Hospital in Tampa, Florida. Dr. Haun’s program of research focuses on advancing the science of interpersonal health communication by meeting the communication needs of patients and providers through assessment, innovative strategies, and electronic health technology. It is my pleasure to present Dr. Haun.

Dr. Jolie Haun: Hello. This is Dr. Haun, and thank you very much for joining this presentation today. I am going to go ahead and get started on the overview of today’s presentation. We’re going to look at the background, aims, methods, findings, and implications and discussion related to some research that I’ve been conducting on veterans experiences using secure messaging in the My HeatheVet electronic portal.

Before I get started today, I’d like to know who is joining us for today’s session by profession. If you could please respond to this poll by answering A) Clinician, B) MHV employee, C) Administrator, D) Researcher, or E) Other. This will help me know who the audience is and can hopefully help me direct the conversation to your specific interests.

Unidentified Female: If you are clicking “other”, feel free to write what your profession is in the question’s pane so that we do have that additional information. Responses are coming in. I’ll give it just a few more seconds before I close the poll out there. It looks like things have slowed down. I’ll close that and share the results. It looks like we’re seeing about 11% clinician, 15% MHV employee, 7% administrator, 48% researcher, and 19% other. Thank you everyone for participating. And there you go, back to you.

Dr. Jolie Haun: Thank you. That sounds like a nice range of a diverse audience. This has been presented to clinicians and MHV employees in the past as we’ve come out with the findings of the study. What is different about this audience is we have a considerable amount of researchers. So, as I go through the presentation I will try to make some special points that might be of interest to the different diverse audience members.

Before I get into the study, I’d like to give just a brief background. As we all know, communication mechanisms between veterans and their providers is a really important part of sharing health information and managing care, particularly for clinical care coordination. But, when implementing technology such as secure messaging it’s really important to understand user’s needs. So, as such, we were looking to understand veterans’ user needs. We were funded by the VA HSR&D

eHealth QUERI to conduct this research. Because this study is completed, we have had a couple of publications. We’re going to go through a very thorough presentation of the findings today, but if you'd like to learn more about the study in detail, we have been published in JMIR and also Annals of Anthropological Practice. So, you're welcome to go and view those resources as you wish.

Let’s talk about the study. The study was titled Veterans Experiences using the Secure Messaging tool on My HealtheVet. We had several things that we wanted to accomplish with this study. In the aims, we wanted to get an understanding of veteran’s beliefs, attitudes, and perceptions about their use and experience with Secure Messaging. We also wanted to understand patterns and trends when they use the tool on My HealtheVet. We also wanted to look at barriers and facilitators to using secure messaging as well as strategies to overcome barriers.

Here’s the study overview at a glance. We’re going to talk about methods and I’m going to describe the sample characteristics and then we’re going to talk about two phases of the research. The first phase was what the study was initially funded to do, which was to take a mixed methods approach including interviews, follow-up interviews, usability testing, and secondary secure message content review to understand veterans’ experiences. After we did that, as you may know, many times when you do qualitative mixed method studies you have comparatively smaller sample sizes. Well, we wanted to see if we could quantify our data findings and validate them with a larger sample. So ultimately, we received supplemental funds to conduct a large survey with a much larger group of respondents. So, I’m going to talk to you about both of those phases and the findings that we got.

Let’s do another poll question. Have you used Secure Messaging to communicate with veterans? If you have, you can provide either A) I use it all the time, B) I use it sometimes, C) I used to but stopped using it, D) I have never used it, E) I will never use it, or F) Not applicable if it is not applicable to your position.

Unidentified Female: We actually only have the ability for five answers. So, E and F got combined here. So, if it’s not applicable just use the I will never use it answer here. Unfortunately they limit us on poll questions in Go To Webinar. And responses are coming in. I’ll give it just a few more seconds before I close things out there. Okay, it looks like we have slowed down. And, the results we have 10% are saying I use it all the time, 23% saying I use it sometimes, 3% saying I used to but have stopped using it, 39% saying I have never used it, and 26% saying I will never use it. Thank you everyone for participating.

Dr. Jolie Haun: Okay. So, I would think based on the audience poll results from the original poll that if I had to guess the people who are saying that they use it all the time or sometimes are most likely clinicians and maybe even have used it in the past but stopped using it. Then, those that have never used it or will never use it are most likely representing the researchers. If that is the case, that makes the most sense.

What I would like to offer to you at this time is that if you have any need for information about Secure Messaging after this presentation, because you don’t use it, please feel free to contact me and I can get you any information that you might need about what it’s used for and how it’s used and so forth, and also conducting research about Secure Messaging.

Phase 1: The methods were mixed. We used in-person interviews, then we used three month follow-up telephone interviews. We did user testing at the initial in-person interview, and then we did three month secondary Secure Messaging data collection that was conducted from the point of consent to three months from consent.

The sample, we ended up with 33 participants which represented older white males who generally had an income of $35,000 or more annually, higher levels of education, and higher levels of socio-economic status. Now, before I go on I want to say that this looks like a very homogeneous group that is maybe not representative of the general veteran population. That is true. However, what is also true is that this is very representative of the populations that we find are more likely to use electronic resources. So, if you look at other literature outside of the VA, this is very representative of the kind of people that you're going to find who are invested in using the resources and who want to talk about their experiences and how the experience can be improved to promote their sustained use.

What’s also really important to know is, as you might expect with those characteristics, they also tended to have higher levels of health literacy in the health competency skills. They tended to use the computers and internet more than once a week. As far as their use of Secure Messaging, typically they had been using it six months or longer. About 36% said that they used it at least once a month. Nearly half said they used it a few times a year. What’s really important, and I want you to remember this statistic, is that at the initial interview they said, about 81% were satisfied users of Secure Messaging. This is going to be interesting when we look at the follow-up data.

So before we go on, now that we’ve described the sample, I just want to kind of get a feel for where you are and how you feel about Secure Messaging because there’s a lot of perspectives out there to represent. So, I’d like to know do you believe virtual care, such as Secure Messaging, is the future of healthcare delivery? For responses you can select A) yes, B) maybe, C) probably not, and D) no.

Unidentified Female: And responses are coming in nicely. I’ll give it just a few more seconds before I close things out. Okay, we’ll close that down there. We’re seeing around 65% saying yes and 35% saying maybe. Thank you everyone.

Dr. Jolie Haun: Okay. So that sounds reasonable. I think that if I have an opportunity to voice my opinion about virtual care, I think that a lot of the reasons why we feel that this is going to be the future of healthcare delivery is because of its somewhat improved access, which is really important particularly for rural based veterans, but also some would say that it’s an efficient use or resources, you know cutting down on need, for example, of costly things like clinical encounters and phone calls. But, I think there’s also some other perspectives out there that might say otherwise.

Let’s talk about the interview findings. In general, when we asked veterans why they were using Secure Messaging, they said what we might expect them to say. They’re using it for medication refills, questions on medications, canceling or scheduling appointments, general inquiries, and requests for information. This is typically what you would expect people to use Secure Messaging for. But, what was really interesting is that sometimes veterans didn't know the reasons why they could use Secure Messaging or had some lack of information about how they could use this poll, which gives implication for a need for education.

As far as their beliefs and attitudes and perceptions about the tool, like I said, a lot of them were satisfied with the tool. They considered it an excellent alternative, an efficient communication tool—more efficient than in-person visits or phone calls. And, they in general felt like they were getting a quick response to their secure messages, particularly a 48 hour time frame.

When they did receive responses from secure messages they reported no problems understanding the communication that they were getting from their clinical care team members and they also said that they were very comfortable sharing personal health information through Secure Messaging. There was something that came up in the interviews that we didn't anticipate, which was a high level of concern about specialty clinic access. They did report, about 40% of them said that they had access to at least one specialty care clinic, but they didn't always know how they got that access. Also, many of them who didn't have access wanted access but they didn't know how to get access. So, it became very clear to us that specialty clinic access is really important type of care that they wanted to communicate with through Secure Messaging, but they didn't always know how to get it and they didn't always know how they got it when they got it. So, there’s an important need to provide some education about that process so that it’s not so ambiguous for users of the system. I think that part of the reason for that right now is that we’re in the roll-out phases, particularly in specialty clinic. So, I think it’s being worked out right now, but it’s very clear to veterans that it’s not entirely a transparent process at this time.

When we talked about the benefits of Secure Messaging, they really had a lot to say. They talked about really enjoying the 24 hour access. Many veterans said that they like to go on late at night and draft what they wanted to say. As the literature states, many veterans reported not quite getting all of their answers or forgetting to ask things in a clinical care encounter. So, after an encounter they could go home and draft their questions and send it. They liked the fact that they didn't have to travel or use the phone. They really valued the tools for managing appointments and doing prescription renewals and refills. So, these were the types of benefits that they discussed. It was really around having that access and being able to manage it from wherever they wanted to, however and whenever they wanted to, from wherever.

So, when we talked about the facilitators, clearly understanding and experiencing the benefits really motivated continued use. Understanding the purpose was really important because there was some variation. Not everybody always understood the purpose for using it and therefore didn't get to experience as many benefits. Also, getting a response was really important. And, as I already stated, they felt like they were getting a response within about 48 hours. But, we did see some differences from other forms of data collection that we’ll be talking about in a few minutes. But, having that reinforcement was very important. And then, also having easy to use features. When we talk about features we’re really talking about kind of the features that you see in general email—draft options, folders, having the recipients already listed in a menu option when you hit the “to” button—things like that.

There were also some barriers that they discussed when using Secure Messaging. These were such things as confusion between My HealtheVet and Secure Messaging. This is just in general a lack of understanding of what tools were available and how to use them, and even how to navigate through My HealtheVet to get the secure messaging. Also, getting access was not clear to all of them. Obviously the people that we were talking to had access, but they did report that as a barrier when they were getting started.

They also didn't always know the purpose, which is clearly a barrier to use. And then, there were some concerns about system crashes and back-up. Now, the thing about system crashes and back-up, that was oftentimes when people would come on and the system would not be available. I think this is more common in the past maybe than in the present. But of course, once somebody has that experience it prevents them from wanted to go in the future. So again, I think as we create system changes and we do back-up it’s really important for us to educate our users and to let them know so they don’t get discouraged to use the tool because they feel like oh I went and it wasn’t available.

Another barrier that came up that we didn't anticipate was unmet expectations. There were a couple that we noticed that would be very important. For example, secure messaging recipients not being the doctor. Veterans actually refer to this as the bait and switch. When we say Secure Messaging in our system we understand that Secure Messaging means that it’s in a secure system where people outside the VA can’t get access, behind firewalls and so forth. But a lot of times when veterans are thinking about Secure Messaging, they’re thinking about it’s secure between me and my doctor. Now, I understand that they have a terms of use that they agree to and it says in that terms of use that multiple team members may receive and respond to their secure messages. But of course you know, I think we’re all guilty of not always reading the fine print when we do these types of documents and agreements when we’re signing up for something. So, many of them think that this is going to go just to their doctor and then back from their doctor. They feel that they’ve been violated and that their information has been exposed to other people because it is not coming back from their medical clinician. Also, what’s really important is they don’t always know who the person is. So, not only is it not their doctor, but they don't know that it’s a nurse who has the clinical expertise to even talk to them about their clinical issue. So, this is something that needs to be remediated.

Also, they don’t always know that personal communication is not appropriate. We had a couple of people…I’ve talked to some My HealtheVet coordinators throughout the country and this is something that does happen. People often know their clinicians for years and so they might send a note, like they do at home with their general email. And, then they get an email back saying personal communication is not appropriate. Please do not send this. They consider that to be punitive and they consider it to be kind of being punished for using the tool and they don't know from the onset that’s not appropriate communication. These are really important—these two areas about who is receiving and responding to secure messages and the appropriate use of secure messages is a really important point of communication at the onset of education for veterans so that they don’t have that adverse experience that prevents them from using the tool in the future.

Another thing that happened was they had an unmet expectation in staff resistance. They didn't always get a response. But, sometimes when they did it would say something like please just call us or oh, we’re just going to call you back. And, they perceive that as resistance to using the tool. Actually, the other day—this week, I think it was Monday—I got an email from a veteran in Georgia I think it was—I don't know how he got my number. I would assume he looked it up in Google. But, he said he had signed up for secure messaging and he sent a message and he got a response to fax his information. His question to me was did I misunderstand what Secure Messaging is for? Why am I being asked to fax something if I can send it through a secure message? This happens a lot. What they see it as is the staff doesn’t want to use it. If the staff doesn't want to use it, then they’re not going to continue to use it.

So, another thing that is really important and we found…I did mention that veterans did typically have higher levels of literacy. But those on the lower end were more likely to have concerns with sharing their private health information through Secure Messaging. Clearly, that would be considered another barrier.

I’m going to move on to the follow-up telephone interviews. When we did the follow-up telephone interviews they kind of said the same things. They used the internet more than once a week. What’s interesting is they said they use Secure Messaging at least once a month. Then, as you can see, around 80% satisfaction rate at the initial interviews, we had a 97% satisfaction rate at the follow-up. We think we know the reason for that. But, in general the qualitative data reiterated the initial interviews.

Why maybe did we have that increase in satisfaction? Well, for one thing, as we talked about the changes they had said they were more likely to use features such as preferences, which is their ability to set the preference for when they get notified that they have a message. And, they were able to use the folders as well as increasing use to monitor their conditions and for referrals. We feel that there was somewhat of a learning effect that happened in the interviews and the user testing that helped them understand the capabilities and the uses of this tool. So, we’re thinking that may have influenced the rate of satisfaction, but of course that’s just a hypothesis on our part.

User testing results: In general, they were able to do most of the tasks, which I’m going to go through in just a second. But, there were some barriers with some of the tasks particularly around site navigation, setting those user preferences, triaging messages, and formulating subject headers. Here are the tasks that we did. There was about 12 of them. We did it from everything from navigating to the site to opening secure messaging, opening attachments, and responding to messages as formulating messages. As you can see, these are the areas squared in green that says we have some opportunities to do some education or to maybe make system changes to make it a little bit easier for people to use. For example, I’m still conducting research and working with My HealtheVet and I know that a priority for the redesign that’s happening and is underway right now is to make navigation easier. So, these are things that can be done to support user ease.

Let’s break the presentation up for another question. Do you think veterans, caregivers, and VA employees would benefit from information and education about accessing and using Secure Messaging? The response options are A) definitely yes, B) maybe some people, C) I don't think so, and D) definitely not.

Unidentified Female: Responses are coming in. Give it just a few more seconds for you all to get those responses in before I close the poll question out. And it looks like it has slowed down. We’re seeing around 78% saying definitely yes and 22% saying maybe some people. Thank you everyone for sharing.

Dr. Jolie Haun: Well, I definitely agree that there is a need for information and education, particularly for veterans and caregivers. Just with the research that I do, it just comes up over and over again. Also, we did some focus groups with some research that I’m conducting right now. It’s amazing to watch the focus groups actually get derailed by veterans wanting to education each other in the middle of the focus group about electronic resources within the VA. So, it’s just kind of interesting to see that natural experiment of veterans educating one another to support one another’s use of these tools.

Okay, secondary content review: So, I don't know how many people on the line are familiar with Secure Messaging research but we actually had to work with the national office to change the terms and conditions to allow us to do research using Secure Messaging content. As I understand it, this was one of the first projects to do that. What we did is we went to the site and worked with the My HealtheVet coordinators at the site which we were doing this research at, which was Tampa and Boston. We had them pull the secure messages manually for our participants. Now, I will say that is a very arduous task and it is not a very efficient way to do it, but it’s the only way to do it right now. Because we had a small sample and it was only for a three month period, it was doable. But, I think as we move into the future, it may become a more challenging task. It will be nice if there is some mechanism for making it a little bit easier. But, it was really exciting to have the opportunity to pull the actual messages and to compare them to what we were seeing in the interviews. We actually had some unexpected findings that were very interesting and I’m getting ready to review those.

Before I do, we should probably mention that 55% of the sample sent messages whereas 45% did not in the three month time frame. But, what’s really interesting is 80% reported that they had used it at least once in the past three months. Now, there’s a big difference between 55 and 80%. This could just be a recall bias. But what we think it might also be is the confusion between My HealtheVet and Secure Messaging. For us within the system, when we talk about Secure Messaging and My HealtheVet and so forth many of us see very distinct lines between the different tools. What I’ve learned in my research is that veterans do not see it that way. It’s just one big gummy interface for them. So, it would not surprise me if those, what was it 25%, were using My HealtheVet but they weren’t using Secure Messaging in particular, but felt that they were and thus reported that. The only thing I have to say about that is when you talk to veterans about My HealtheVet and Secure Messaging and other electronic resources on that electronic portal, it’s just really important to make sure that they're hearing the questions that you're asking because they could be telling you about their use of something and they’re really talking about something different.

It was very common for them, even in our interviews, to kind of revert back and forth. They’d start talking about blue button and we’d be like okay, well are you referring to blue button or Secure Messaging? They’d be like oh yeah, yeah, yeah. And, that happens a lot. So, just from the researcher perspective, that’s a really important thing to note. Also, a lot of those that did report not using it, they basically said they just didn't have the need for provider contact, which is really interesting because we did profiles of users and nonusers. One of our main profiles of nonusers was being in health and not needing to use it. Again, if you're a researcher, I highly recommend that if you do research around the use of electronic resources you may want to focus on, for example, a comorbid condition that requires ongoing use of these tools, which is something that I’ve adapted and changed in my current studies.

So, in those messages that were sent and received, 75% received responses. And, what was really interesting to us is that some of them went from minutes to more than five days to respond. It’s really interesting because with some of them that didn't receive response there would be follow-up saying, like for example, did you receive my secure message? Other times you might have a follow-up that might say well thank you for giving me a call. So, just because they didn't receive a response, sometimes we know that they were getting responses through other mechanisms. And then, other times we know that they just weren’t getting a response. As far as the time that it took, somebody asked me well maybe it was a holiday weekend or something. And that is true that is possible. But here are some things that I would say that we should be thinking about. Maybe having automatic receipts of emails so that they know the secure message was received or maybe a notification when it gets opened or possibly a notification when there’s going to be a delay in response due to a holiday weekend. These are maybe things that might be able to be set up in the system. Of course I don't know the logistics of this but when I think about how we can deal with making sure users don’t have that unsure feeling of not knowing if their messages were received or when they're going to get a response, these are the kind of automatic things that I think about hoping that we can alleviate the clinician’s time and work burden but also meet the needs of veterans.

In these messages that were sent—there were about 66 of them and some of them were testing the system. Out of the 66, 62 were triaged. Triage is when they can select what the content relates to. What we found is that in general the triaging system as it is designed right now is not entirely useful because I think it’s a little bit too generic. So, one of the suggestions we got was to maybe make it a little bit more specific. So like instead of it just being general, appointment, medication, test; maybe making it about change appointment, request an appointment, cancel appointment or request medication or medication question. As you can see, a majority of them went under general, which isn’t entirely helpful. But, we did notice that when we red them they tended to be something that could have been categorized as maybe one of the more specific options that I just mentioned.

One of the most exciting findings in this study that was unanticipated was that we found when we read the content of the messages that they were having discussions around sensitive health topics and incident reporting. This did not come up in the interviews or the follow-up interviews. For example, there was messages about erectile dysfunction, STDs. We also had a couple of individuals that were sending secure messages to let their team know that they were having falls in the home. So, this has really a lot of implications. One is that this is a use of Secure Messaging that maybe we should market to allow that opportunity. For example, sometimes people don’t want to discuss sensitive health topics in a face-to-face encounter because they want that anonymity. So therefore, maybe this is a good venue for that. As well, when we have a fall in the home or just a fall in general there’s a protocol that the VA wants to put in place. So, if you can figure that out immediately from the home, particularly for patients who are at risk for falls, then this is a really good way to get that instant communication and then to be able to respond to that incident.

So, some suggestions to improve Secure Messaging. Well, veterans have a lot of suggestions. We came up with a few that we felt would be important based on the findings that we got. Probably first and foremost would be improving sight navigation and the ease of getting to Secure Messaging and getting into the system. Also, more obvious cues when navigating and logging in. As you may know, right now the Secure Messaging button is a very small button in a row of other buttons on a horizontal menu on the website and it’s not very obvious. In comparison, when you think about the blue button, it’s very obvious. There’s a big icon and you really know that it’s there when you get to that page. So, having something like that for secure messaging might be very helpful for users.

Also, having prompts for actions. So, just one example is preferences. If you could prompt a user to set their preferences the first time they go in and log into Secure Messaging then you know that they’ve set them and that’s something that they then wouldn’t have to find and do on their own accord. Also, having templates for Secure Messaging. For example, things that you might commonly do like canceling an appointment or making an appointment or doing a renewal on a medication. If there was a template it would increase the readability for clinicians and also make it more standardized.

Again, I discussed triaging. The triage options, maybe modifying them, making them more specific. Another option is just to get rid of them. I have had a clinician recommend that as well. They said you have to read the message anyway, so why even have that if it’s not going to be helpful? Having more user features, and when we talk about user features this gets into more of what we see in general email like Microsoft Outlook, for example, formatting options, cut and paste, attachments, and so forth. I do know that they have been working on allowing veterans to provide attachments or at least receive attachments. But, this is something that they would really like to be able to do. They even talked about being able to kind of copy and paste information from their vital tracking or their blue button tools into Secure Messaging so that they could share information with their team about their conditions. So, kind of having that interactivity between the different tools on My HealtheVet was something that they thought would be of great value.

Then, there was the suggestion around the signatures and the registry. What that was is, as I mentioned before they didn't always know who was responding to their messages when it was beyond their clinician. Sometimes people don’t always put their name or identify themselves. So, they said it would be really nice if there was just this standard signature box that had the person’s name and like their license or their profession of what they did. That way they would always kind of know who is sending them messages and what their credentials are. In line with that, they said it would be really nice if they could kind of go to a registry and get some kind of information about that person, maybe even a contact or their specialization, just so that they would know that if they got advice related to a health condition from a person that it is, for example, a pharmacist or a registered nurse as opposed to maybe a clerk. That is something that was of great concern to them.

Other improvements for users with visual problems, as you know with our veterans we have an older populations so there’s a high prevalence of visual problems. So, having that use of the large visual icons is really important. Also, having the ability to change the web resolution to eliminate scrolling and also ensuring that key elements are visible even with magnification. Now, I know that this is very difficult and it’s not always up to the system to make that possible because people are using different size monitors and different computers all over the country. But, if we keep these things in mind when we’re in design efforts and so forth it would be, I think, of great benefit to the users.

As far as overcoming barriers, there are efforts that are going on right now such as the redesign of the site and that’s going to support navigation. I think also what I do with My HealtheVet I know that they’re invested in bringing about marketing and education to not only bring awareness to veterans but also to clinical care teams and other individuals who participate in the care process. But, I think that education and awareness and marketing is going to be really important. I think also, I’ve talked a lot about veterans today and what they want. But one thing I’ve learned in conducting the research that I’ve done to date is that there’s a lot going on from the veteran perspective. But it’s going to be really important to start getting information and research conducted about what the clinical perspective is because until we really understand what’s happening at both ends we’re probably going to meet different challenges in efforts to align use by both of those users. One of the things that I’ve learned to overcoming barriers is going to be not only understanding the veteran perspective, but understanding the clinician perspective and what their barriers are so that we can maybe reduce the barriers for clinicians and make them more likely to use it which thereby reinforces veteran use.

I’m going to go really quick through the quantitative survey. Basically, what we did is we did a survey that was conducted with veterans who had opted in to use Secure Messaging to see if a larger quantitative inquiry would validate the qualitative finding. Again, we had very similar characteristics with our 819 respondents that came from the Tampa and Boston area. That was older white males with higher levels of education, health literacy, and annual income greater than $35,000.

The majority of respondents reported everyday use of computer and internet. They used My HealtheVet a few times a month or less, and that’s three quarters of the sample. However, about 60% were using Secure Messaging six months or longer. So you know, again very representative of the first sample. About 60% were using it about once a year while about 16%--a much smaller percentage—were using it at least once a month. Again, they reported using it for those same reasons—refills, questions, managing appointments, test results, and health related questions. We were really interested to see if we would get a similar finding around the sensitive health topics and we did find that about 8% were using it for addressing sensitive health issues—small, but still relevant.

Again, they said that Secure Messaging was a good communication tool. It saved time and was generally easy to use with the majority reporting so. What was really interesting is though 85% reported the intention to use Secure Messaging in the future, nearly half—about 42%--reported that it could be improved to make it more useful.

As far as gender and group differences, men were more likely to report using it, but females reported using it more often. As well, individuals who used Secure Messaging more often typically had higher levels of education and higher levels of income. Respondents that had higher levels of health literacy tended to report higher levels of ease of use, higher levels of responsiveness by the team, higher levels of usefulness, and more agreement that it was a secure communication method. So again, this was kind of reflecting what we originally found at a larger scale.

The individuals that reported higher levels of satisfaction tended to, again, have the higher levels of health literacy in eHealth. They tended to use My HealtheVet more often and tended to use Secure Messaging more often, which pretty much makes sense. And, they also tended to be using Secure Messaging six months or longer. It seems that six months or longer is kind of like the point where people get comfort and they have kind of been around the block as it were, that they understand what it’s used for, how to use it, and they’ve kind of mastered it and really understand the benefits.

What we found to be really interesting, as many of you said that you thought veterans would benefit from education, well apparently they think so too. Forty percent said that they would like education and support using My HealtheVet and Secure Messaging and 80% said that they felt veterans would benefit from that in general. There is a great amount of implication for education in the research, not in just this project but in other projects that I’ve done subsequently to that original project. It’s really important for them to understand that it’s even there. It’s really interesting because most of my work is focused on people who are already opted in and using the system. But, as I have kind of gotten a lot of data about that population I’m becoming more and more interested in other nonusers and also clinical care team users. It’s really evident that education and marketing is needed.

Also, I now know that really targeting those messages and interventions are going to be really important. For example, as a result of this work I started developing a game based motivated web application to provide veterans with education on the different electronic resources, particularly My HealtheVet resources. What I’ve learned in my evaluation and in my current project is that a lot of the older veterans just want the information. They just want to know what to do when they want to do it. Though we know that gaming is really of great value to our younger veterans and our younger population in America in general, I’ve come to realize that sometimes the most useful tool is just going to Google and typing in how do I register for My HealtheVet and having a really good video that gives you step by step options for learning on how to do that.

I don't know if all of you are aware of this, but if you do go to YouTube there are some unofficial My HealtheVet videos that were developed and produced. They are unofficial because I think the only reason is they are not 508 compliant. What I would really like to do and see happen is having those types of videos developed and having them 508 compliant so that the VA can really support their access and sent veterans to them to get the information and skills that they need to get registered and to use the different tools.

As I see it in the future, it might be really nice to have, for example, game motivated learning for younger veterans at say for example orientation or what we call a My HealtheVet clinic that they can access and have a good time and also learn. But at the other end of the spectrum, I’d like to be able to have videos that clinicians, My HealtheVet coordinators, and different people can maybe even link on website such as My HealtheVet to send veterans to a YouTube video that allows them to just get the information they need when they need it and leverage that learning moment.

Some basic conclusions of this project are that veterans really value Secure Messaging. They really want to use the tool to communicate with their healthcare team. Knowing about the tool and how to get started is really important and if you don’t have that information it can be a huge barrier to access and use. Veterans are reporting using it for the typical reasons that we anticipate but they also may want to address sensitive health topics and also incidents that occur in the home. That’s something that clinical care teams can maybe support when they’re giving information about this tool when they’re supporting its use during a clinical care encounter, which is often how veterans get started if not with a My HealtheVet coordinator. Also, it’s really important to remember that not all veterans have a clear understanding of what the tools is for. So, they may use it inappropriately. If we can kind of give them the education at the onset we might be able to avoid those awkward interactions.

Also, veterans feel that if they can have ease of access and ease of navigation and if there were additional features and if there was an addition of signature lines and registries and easy access to understanding how to get specialty clinic access—these are all different tips that would make it useful and easier to use that would promote sustained use.

That’s about all I have. We’ve got about 12 minutes left for questions and discussions. So, please feel free…if there’s anything that I’ve presented that was unclear or if I made any statements that didn't seem clear or inspired a question on your part, please feel free to ask now.

Unidentified Female: Thank you so much Dr. Haun. Currently we don’t have any questions in the cue. I have a question for you if that’s okay.

Dr. Jolie Haun: Yes.

Unidentified Female: What I would like to is…because you talked a lot about the veteran not understanding the tool. What exactly…and not to say anything that folks are doing anything wrong, but what and at what part would the veterans be educated? Would it be when they’re signing up or at another stage?

Dr. Jolie Haun: Well, I don't know if anybody…okay, so there’s a couple of steps along the way, right? I don't know if people are familiar with Kim Nazi’s [PH] work, but she’s a very key player in My HealtheVet. We have had some interaction recently because she does a large survey from the My HealtheVet perspective. She surprisingly got a very large percentage of respondents that said that they didn't even know if they had signed up for Secure Messaging or not. I kind of had a similar finding where they weren’t always sure how to get access or sometimes…actually, in a recent study I’m conducting they didn't always know if they had signed up.

One thing we’re realizing is that there’s this great effort going on across the nation to get people signed up. I think it happens very quick and it happens when they come in for a clinical encounter and they get authenticated and they get asked to opt in. But, I don't even think sometimes they understand what they’re doing at that time. So, I think really some proactive education before they even get to that encounter would be really important. I think a lot of individuals would agree that some preliminary information about the tool and its uses and why they need to authenticate and what Secure Messaging really means and so forth is really important.

Also, when they interact with My HealtheVet coordinators and clinicians I think it would be really helpful if they were able to kind of relay some ongoing education as well. But you know, there’s a lot that clinicians and My HealtheVet coordinators have to do in their daily tasks. I recognize that. That’s why we want to leverage that education and those videos so that they may be able to get, for example, access to a link that can give them a standardized educational content that will allow them to get the info that they need in a way that the VA finds that it’s appropriately prevented and is accurate and approved and so on and so forth.

I know that there is a lot of sites that have educational content, brochures, handouts and so forth. I understand that’s very helpful, but of course those materials don’t get into the hands of every veteran. So, I think that there’s got to be a concerted effort to promote education and marketing. That’s just a challenge particularly when there are so many changes happening as an ongoing process of improvement and then you know something that you distribute one day becomes outdated. That’s something that is a challenge for the system in general.

There’s many points to educate people. Orientation I think is a really good time to educate people, but it’s just something that’s going to have to be developed as a part of the process of improvement over time, which is…there’s a lot of efforts in that direction.

Unidentified Female: Great, thank you. We do have a few questions. I’m going to go ahead and read those. First is a comment. I’m surprised that younger veterans (OEF, OIF) were not using Secure Messaging more. The question: Are there plans for a smartphone app to allow Secure Messaging as this may appeal to younger veterans?

Dr. Jolie Haun: My understanding is that that is in the works. If I understood the question is that is there going to be an app for Secure Messaging? My understanding is that there is something of that nature in development. Of course when you start getting into apps and smartphones and so forth, there is a lot of issues with security and getting in and out of the system, which makes it really challenging. So, heed my words with caution. They clearly understand that things like Secure Messaging apps and texting are very important and I think will be coming in the future, but I also think that these things are going to take time because of the security issues of getting through the VA firewalls, which is a good thing.

Unidentified Female: Okay thanks. Next question: Is there any way to link Secure Messaging data into the corporate data warehouse?

Dr. Jolie Haun: Okay yes. That, my understanding is at…so this is kind of a good research question. My understanding is that that is done at the discretion of the clinician that has been assigned the message at that time, which is a problem. If you're a researcher and you're wanting to find a quick and efficient way to pull this data you can’t depend that it’s been sent there by every clinician every time, all the time for every patient. So, right now it’s at the clinician’s discretion. I think that a part of it is being done for workload, to document workload. But, I think that depending on what the content is and what the workload units were kind of depends on if it gets sent to the warehouse or not. So, right now it’s going but it’s going at the discretion of the person who is dealing with the message.

Unidentified Female: Thank you. Next question: Can the communication between veterans and their providers on Secure Messaging be regarded as PHI? Is it covered by HIPPA?

Dr. Jolie Haun: Oh yes, definitely. The communication between veterans and clinicians in Secure Messaging is completely PHI. So, that is why it presents challenges with security. What’s really interesting is we were having a hard time getting approvals to pull this content for this particular study. Ultimately what it came down to was the justification that this is just like doing a clinical record review. It’s just like going into CPRS and looking at any clinical notes that a clinician writes or that any kind of history that a patient reports. So, when you think about what a secure message is, that’s a very good analogy for what’s happening with those messages. It’s just like a chart document.

Unidentified Female: Thank you. The next question: Any information about provider pushback to using SMM with their patients? The comment is this has been a barrier to using this as part of a research intervention.

Dr. Jolie Haun: Yes. There has been some pushback and with good reason. I will admit it never occurred to me in my incident ignorance when I did this that it would be…clinicians might have a role in reinforcing or preventing use of the tool. Basically what we learned is that they really are a gate keeper to continued use or not. What we’ve learned is that Secure Messaging has prevented significant workflow issues for clinicians. I don't know that it’s always…it’s not always something that is easy for them to incorporate into their current workload and to negotiate with the time that they have. But, what’s really important is that we start to conduct more research and inquiry with those clinicians to figure out what their barriers are and then to reduce those barriers and to increase their motivation to use. That’s actually a project that I’m presenting and have in review right now. From now on, when I conduct research around electronic resources I’ll be looking at it from a dual perspective because clinicians have their own issues. What we need to do is make sure that we kind of address those issues and make it something that they also benefit from using. That’s not anything to or against clinicians. It’s just that in general with the diffusion of innovation theory, if an innovative tool is not useful to all users we can’t expect adoption and sustained use. So you have to find ways to reduce barriers and to increase benefits and motivation to use that tool.

Clinicians are a very important audience that I think at least I have previously undervalued as a key stakeholder in understanding sustained use of this tool and will not make that mistake again.

Unidentified Female: Thank you. Before I ask the next question, could I ask you to post your first slide because someone is asking for your contact information?

Dr. Jolie Haun: Sure.

Unidentified Female: Thanks.

Dr. Jolie Haun: No problem. First of all, thank you very much for having me here today to present this work. I do know that this work was very challenging to get started because Secure Messaging and a lot of the electronic resources in the VA are very new. So, doing research with them is new and exciting but also presents challenges and opportunities. So, if you have any questions about how we got the protocol approved or how we got the opportunity to access messages and so forth, I realize that may be of specific interest to other researchers and I’m always willing to share information.

Unidentified Female: Thank you. At this time, we are two minutes before the hour, so I’m going to ask Heidi to post the questionnaire and appreciate those of you who could stay and fill that out for us. I’d also like to thank Dr. Haun for taking the time to develop and present this talk. Please forward any remaining questions to our presenter or \_\_\_\_\_ [00:00:21].

Our next session is scheduled for Tuesday, January 20th. The speakers are Heather Woodward-Haake and Mid Pulpuori [PH]. The title is Integrating Systems Improvement with Informatics Tool Development Evidence Based Results. We hope you can join us. Thank you everyone.

00:58:43 END OF TAPE