

Provider Listening Sessions

Fred Brodsky, MD

Medical Director, Clinical Informatics

Group Health Physicians/Group Health Cooperative

Seattle, WA

VDT Panel

- Has your vendor installed or upgraded you to their Stage 2 certified product for VDT or have they installed or upgraded you to parts of the requirements?
 - **Vendor:** Our vendor is Epic. Primarily because our provider group and insurance arm are so closely allied, we have substantially customized their MyChart patient portal.
 - **View and Download:** We implemented this functionality as part of Stage 1.
 - **Transmit to third party:** We will be testing this with local trading partners in the near future.
 - **Activity history log:** See above
 - **Create and customize a clinical summary:** Our intent is to keep the summary as simple as possible until we better understand the use cases.
- If so, what has your experience been with the VDT tools? If not, when do you anticipate receiving the Stage 2 certified product? **The tools appear to work as designed.**
- Based on your experience to date what best practices can you share for engaging consumers in VDT? **We implemented the ability for patients to download a copy of their CCD 2 years ago. So far, about 5% of our patients have navigated to the download page, and a much smaller percentage have bothered to initiate the download.**
- Have you tested your ability to use the VDT tools to send information to consumer requested end points? If so, what has your experience been? **We will begin our testing with our local trading partners within the next couple weeks.**
- What if any fees is your vendor charging you for VDT transactions? **We use SureScripts as our HISP, and we are charged a toll per Direct transaction**
- Are you aware of unique issues that small or rural provider are facing meeting the VDT requirements? **I can't speak to this.**

Questions we're grappling with:

- We foresee problems with creating a rational Address Book/Look-up function for both VDT and ToC workflows.
 - What's the right degree of granularity? Facility? Specialty? Individual?
 - What's the right naming convention?
 - What are the implications of lack of standardization?
- Today in our application, patients may transmit a SoC document to a physician with a Direct address, but cannot append a free text message to provide clinical context to the CCD.
- Because we in the Pacific Northwest already have high HIE penetration, we are trying to figure out exactly where VDT fits in.
- Should we actively promote this feature to our user base, or just passively make it available?
- Beyond the idealized use cases created to justify this objective, how will this feature be used in real life?