

HIT Policy Committee, Interoperability and Health Information Exchange Workgroup
Governance Subgroup - Listening Session - Friday, August 15, 2014 10:00 a.m. – 12:00 p.m. ET
Alex Harkins Written Statement

I am Alex Harkins, a 69 year old Navy & Viet Nam disabled veteran who since September 2008 receives all medical care from the Portland VA Medical Center. I have been a user of the My HealtheVet system since that time as well. Since August 2012 I have been a volunteer supporting other veterans using My HealtheVet and providers in using Secure Messaging. This month I am starting to facilitate veterans signing up for Virtual Electronic Lifetime Record (VLER). Previous to the VA I had experience in HIPAA's administration simplification transactions on both sides and planned, implemented, and managed installation and integration picture archiving and communications systems (PACS). I am a U S Naval Academy graduate Class of 1967 and have several post graduate studies in information technology, business, and management.

I have been asked to present my experience, as a patient, using My HealtheVet and in particular, the Blue Button download. With that I'll ignore the 5 draft questions. And the disclaimer: I speak only for myself expressing my opinions and not for any identity including the VA.

So, what is the VA's My HealtheVet? And that with an "e" not a "y".

It is ten years old. This online e-health portal allows VA patients to view, print and download the bulk of their electronic health record, including doctors' progress notes. The vast majority of the records are available just three days after being signed by the physician. Patients may also send non-urgent, automatically- encrypted communications to primary, specialty and administrative healthcare teams to request or change appointments, discuss symptoms, request medication renewals and ask billing-related questions. My HealtheVet also allows VA patients to order prescription refills, view lab results and appointments, track vital statistics and research health conditions all in one convenient place.

One feature of My HealtheVet is the Blue Button download of data. One may select the types of data and the date range as well as form – text, pdf, or CCD (Continuity of Care Document). To be truly forth right, the CCD form does not work for me personally and I have had a trouble ticket submitted since last September. My patience is wearing.

Do I use it? You bet! The most used function is prescription refills which is integrated into our own VA pharmacy which U S postal mails directly to the requestor. Sadly one cannot make appointments – it's supposed to be coming – but seeing the appointments, future and past is very helpful.

Downloading medical chart data, that is using the Blue Button, has become invaluable to me. I can review labs, consults, reports, and primary care visits. I find that what I read is not what I heard in a visit – and that is not the provider making a mistake, it is my listening and remembering and sometimes those detail matter. I do occasionally find a miss statement on the provider or health technician side – all of which have been very minor. Note, we can only see radiology reports, not the images.

Now I come to what the VA call's "Secure Messaging" which some liken to "email" but it is not. Without going into the mechanics, suffice it to say it is secure and protected so personal and protected health data may be interchanged. I and many other veteran patients have really taken to this method of communications. The VA specifies that it is not to be used for urgent needs but, on the other hand, requires VA staff to respond within 3 normal business days. Past 3 days and the message escalates causing others to be notified and reported up the chain. I use this messaging for prescription renewals, checking with providers on post op recovery, asking questions, arranging labs prior to primary care visits, and so forth. The Portland VA Medical Center has implemented several "administrative" departments on this messaging so that users may message billing & co-pays, travel reimbursement, the chaplain, enrollment, and more. I find messaging is a God send when compared to telephoning and having to wait substantial time on hold. *[Added after verbal comments] Veteran's communications is normally restricted to their primary care provider team, any specialty clinic seen in the previous 12 months and a set of others such as Pharmacy, Travel, Enrollment, etc. The system is to automatically accomplish this but much support labor is consumed working problems.*

Another program just beginning for the Portland VA Medical Center is Virtual Electronic Lifetime Record or VLER. As we are implementing it, a veteran patient may authorize his/her medical data to be released to predefined institutions or health exchanges. Once this occurs the hoped for outcome would be that should he/she receive care outside of the VA, his/her medical record data would be available without further authorizations or processes. This is supposed to be a two way street so that the VA would see data from outside providers. Locally in Oregon, the current significant participants are the Oregon Health Sciences University – OHSU and physically connect to the medical center – and the Oregon Community Health Information Network – OCHIN . At the last VLER telephone conference, I heard that the VA can retrieve OHSU data but OHSU cannot retrieve VA data – they are working on it. Regarding OCHIN I’m sure Tim Burdick will say more in the next session.

[Above given verbally; below was not due to time limit.]

Although not part of my original prepared remarks, one panelist brought up “single sign on.” This is a significant barrier not only to internal VA staff having to deal with numerous different systems, it is problematic to veterans many of whom are elder and have difficulty in remembering or even entering complex (long, alpha – upper & lower case, numeric, and special character) passwords let alone several each having slightly different requirements. Even user IDs vary from email addresses to user defined to system generated. For veterans we have My HealtheVet, eBenefits, and Access VA with the future seeming going to some kind of sign on from Symantec.

Now let’s step behind the curtain so to speak. The VA seems to copy relevant medical data from its VistA system to the My HealtheVet system which imparts delays and sometimes not available. However the My HealtheVet system has its own demographics thus causing veterans to changed contact data in separate places - confusing to the user to say the least. For VA staff maintaining the relationships required for the proper operation of the Secure Messaging is laborious and very time consuming and error prone. And I speak from painful direct experience on that last point.

That concludes my abbreviated description of my VA My HealtheVet use and support.

So looking to health data exchanges with outside providers, could we expect a patient using the VA Blue Button download to receive data from ALL providers – VA and other?? Now that would be something. *[Added as a result of a question] Messaging to providers outside of the VA would be greatly beneficial especially since the VA does have substantial services contracted out.*

I’ve been down the road of Government mandated change, the HIPAA transactions, which eventually moved healthcare administration and business and claims to standard EDI – Electronic Data Interchange – transactions allowing computer to computer exchanges and thus lifted this industry up to the level of the rest of the mainstream business world. I see this effort similar in several ways and expect that the way to progress is to mandate it. It will take a lot of work, effort, coordination, and strong, dedicated leaders. Good luck!

Should anyone desire to contact me regarding this:

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