

IMPROVING ACCESS TO MY HEALTHCARE THROUGH  
VOLUNTEER AIDED MY HEALTHCARE STATIONS

by

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## **CHAPTER I – INTRODUCTION**

On March 4<sup>th</sup>, 1865, President Abraham Lincoln gave his Second Inaugural Address to thousands of spectators who were gathered near the U.S. Capitol. It was on that day that the Department of Veterans Affairs mission was born, when President Abraham Lincoln stated that as part of the nation’s recovery from the Civil War, we as a nation have a responsibility “to care for him who shall have borne the battle, and for his widow, and his orphan”.

It is to that decree that the Department of Veterans Affairs has continued on day after day and year after year to give the best care possible to our nation’s heroes. In order to provide the best care possible, a veteran must have adequate access to their health care. As a sprawling nation with geographical and poverty barriers, the Department of Veterans Affairs has struggled to create the access to care that has been needed. In order to meet that need for access over the last ten years, the Department of Veterans Affairs has adapted and changed with technology. One of the ways they have done this is through the use of a website called My HealthVet.

**Objective of the Paper**

The objective of this paper is to create a pathway for improving access for My HealtheVet through the use of volunteer aided My HealtheVet stations. This pathway will act as a plan that other Department of Veterans Affairs medical facilities will be encouraged to follow. This field project will provide a literature review of the Veterans Affairs Voluntary Service, My HealtheVet and the types of assistance available for registration of the My HealtheVet service. It will then review data collected from facilities that have used some sort of in-person assistance for My HealtheVet registration in the past. The objective of this field project will be met through the recommendations based off of the statistics found within the research.

Although the proposed changes that will be found in this paper are quite small in the grand scheme, the impact that they may have, if widely adopted, could be significant. With the additional access to My HealtheVet that would come available, veterans would have the accountability, customer service, and understanding of service that they deeply crave and justly deserve.

## **Chapter Contents**

Chapter I describes the origins of the Department of Veterans Affairs and the problem that is addressed in this field project; that is, the pathway to improving access to My HealtheVet through the use of volunteer aided My HealtheVet stations.

Chapter II is a review of the literature regarding Veterans Affairs Voluntary Service, My HealtheVet, and the types of assistance that are available.

Chapter III discusses the methodology of the review and implementation of in-person assistance during the My HealtheVet registration process. The implications and conclusion of the gathered data are also included.

Chapter IV presents the recommendations based on the results of the research that was conducted. It will recommend an action plan for successfully implementing a volunteer aided My HealtheVet station within a Department of Veterans Affairs medical facility.

Chapter V concludes the field project by covering the current status of volunteer aided My HealtheVet stations, research limitations to this field project, and final thoughts on the topic.

## **CHAPTER II – REVIEW OF THE LITERATURE**

This paper will attempt to present a solution to the problem of a lack of participation of My HealtheVet by the Veterans Health Administration's patient population by answering the following research question: Does providing in-person assistance during the My HealtheVet registration, authentication, and the opt-in process increase participation among the Veterans Health Administration's patient population?

The following literature review will provide an examination of the Veterans Affairs Voluntary Service department records and My HealtheVet. It will then provide an analysis into a joint effort of pairing the My HealtheVet service with the Veterans Affairs Voluntary Service department. It will do this by exploring the possibility of the implementation and use of volunteer aided My HealtheVet stations within Veterans Health Administration facilities. These volunteer aided My HealtheVet stations would allow veterans to have greater access to their health care and more personal accountability for their own health.

### **Veterans Affairs Voluntary Service**

To understand the Veterans Affairs Voluntary Service Department, one must first understand its point of origin. The Department of

Veterans Affairs was established on March 15, 1989, succeeding the Veterans Administration (Office of Public Affairs, 2006). It is a federal agency comprised of three administrations: the Veterans Benefits Administration, the National Cemetery Administration, and the Veterans Health Administration. Each of these administrations serves a specific role in the care given to every veteran of the United States Military. The Veterans Benefits Administration's role includes disability and death compensation, education benefits, home loans and pensions. The National Cemetery Administration's role is to guarantee that a deceased veteran's remains are given a proper burial in a sacred place. The Veterans Health Administration's role is to provide health care for veterans who have returned home (J.F.L., 1993).

The Veterans Affairs Voluntary Service department has volunteers in all three administrations. However, for the purposes of this literature review, an examination into the Veterans Affairs Voluntary Service's involvement with the Veterans Health Administration and My HealthVet will occur, as it is an exclusive Veterans Health Administration service. In 2006, the Veterans Health Administration consisted of over 1,400 facilities to include medical centers, clinics, vet centers, and nursing homes (Waller, 2006). As of 2010, there are over a million veterans who

receive care through the Veterans Health Administration (McInnes & Gifford, 2010).

In order to care for millions of veterans that seek care through the Veterans Health Administration, the Department of Veterans Affairs employs nearly 300,000 people (Office of Public Affairs, 2008). However, due to the demand for services, veterans still need a tremendous amount of help. Fortunately, the Veterans Affairs Voluntary Service department is one of the largest centralized volunteer programs in the federal government and provides over 140,000 volunteers who give over ten million hours on an annual basis in service to America's veterans (Clark, 2014). Over the past sixty years, Veterans Affairs Voluntary Service volunteers have donated more than 689 million hours of service worth an estimated \$12.9 billion (Office of Public Affairs, 2008).

The Veterans Affairs Voluntary Service department was founded in 1946 to provide for our nation's veterans while they are cared for by Veterans Health Administration facilities. It was established as part of General Omar Bradley's modernization of the Veterans Administration in the wake of World War II. Prior to 1946, the coordination of volunteers through the different veteran's hospitals was done largely through the American Red Cross (Clark, 2014). During World War I, the Bureau of War Risk Insurance and Public Health Service provided hospitals and

medical care for World War I veterans. At the time, a strong and active bond was borne between the American Red Cross and these two bureaus and the role of volunteers in America's veterans hospitals expanded. This continued until the end of World War II (Clark, 2014).

The Veterans Affairs Voluntary Service department is also the sole department responsible for accepting donations for the Veterans Health Administration and receives annual contributions of over \$90 million. The Veterans Affairs Voluntary Service department continues to see growth since it has joined President Barack Obama's United We Serve initiative. This initiative is committed to engaging American citizens in volunteer service (Clark, 2014).

In order to provide oversight and direction to the Veterans Affairs Voluntary Service department, the Department of Veterans Affairs created the National Advisory Committee in 1947. In 1975, the National Advisory Committee became a federally chartered advisory committee. This committee monitors and performs oversight of the National Advisory Committee membership policies and procedures. Association to this committee is reserved for an exclusive group of organizations and currently has 65 major veterans, civic, and service organizations that are represented, as well as over 350 local organizations (Clark, 2014).

Volunteers take on many different roles within the Veterans Health Administration. Some of these roles involve direct patient contact, while others fall into either clerical, clinical, or community support (Clark, 2014). One position that was recently added as a volunteer role, was to help veterans sign-up for My HealtheVet. This is being done in various Veterans Health Administration facilities, such as in Arizona and Boston, where volunteers took on the responsibility of assisting veterans with the My HealtheVet sign-up process. By staffing the My HealtheVet booth at those locations, the volunteers have successfully registered thousands of veterans for the service (Hancock, 2013). In Boston alone, a team of volunteers has assisted over 10,000 veterans in signing up for the My HealtheVet service (Castilla, 2013). This gives conditional evidence that volunteer aided My HealtheVet stations increase the participation of My HealtheVet within the patient population.

### **My HealtheVet**

Without the use of electronic medical records, a service like My HealtheVet would be non-existent. According to the Institute of Medicine, electronic medical records can be defined as a patient-centered medical record system that consists of eight core functions. These core functions are health information, results management, order entry,

decision support, electronic communications, patient support, administrative processes, and population health management (Lowes, 2004). Electronic medical records entered the health care industry in the 1970s, when the Veterans Health Administration developed its Computerized Patient Record System (CPRS) to use within its facilities (Scherger, 2010).

Even though electronic medical records have been around for decades, as of 2009, only 11.9% of hospitals in the United States of America used electronic medical records. Since President Barack Obama took office, the Health Information Technology for Economic and Clinical Health Act passed in 2009, which showed dramatic growth in the use of electronic medical records.

It is predicted that by 2019, 70% of hospitals and 90% of physicians will be using them (Gold, McLaughlin, Devers, Berenson, & Bovbjerg, 2012). This is due in part to the Health Information Technology for Economic and Clinical Health Act's generous federal incentive payments to practicing applicable physicians. These incentives can be up to \$63,750 per clinician, depending on the patient panel breakdown of the provider (Wynia, Torres, & Lemieux, 2011). Increased affordability, availability, integration, and a change in provider attitudes

regarding their use (Gold et al., 2012), have also attributed to the dramatic growth in the use of electronic medical records.

Electronic medical records have progressed immensely in recent years and are now used as a way to fundamentally reshape the way health care is organized, monitored, regulated, and financed (Larkin, 2005). Through the implementation and use of electronic medical records, medical errors have been reduced, health care quality has been improved, and costs are now better controlled. An added benefit of using an electronic medical record system is the potential to launch a personal health record system for the provider's or hospital's patients. A personal health record is defined as a patient-controlled electronic repository of medical information, often on a portable drive or an internet site (Wynia et al., 2011).

These types of systems allow patient interaction with their health care provider and improve patient satisfaction. Personal health record systems have changed the tenor of the patient-provider relationship and have created a patient population that is proactive and better-educated about their health. Gone are the days of needing to keep paper-based documents including clinical notes from various care providers, laboratory results, and health histories compiled in envelopes, loose-leaf binders, or shoe-boxes around the house (Detmer, Bloomrosen, Ramond,

& Tang, 2008). Personal health record systems outside My HealtheVet have been slow to adopt. The percentage of persons in the United States who use electronic personal health records increased from 3% in 2008 to about 10% in 2011 (Zulman, Nazi, Turvey, Wagner, Woods, & An, 2011). A personal health record system, such as My HealtheVet, doesn't save money in itself, but it does lead to process and workflow improvements, better patient-provider communications, and quality improvements from patients taking an active role in their health care (Roop, 2007).

My HealtheVet is a personal health record that increases a veteran's access to their health care by allowing them to refill their prescriptions, email their health care team, and download and view their medical records, all online. The My HealtheVet service is directly linked to the Veterans Health Information Systems and Technology Architecture, which houses patient data for the Veterans Health Administration's electronic medical record, named the Computerized Patient Record System.

The veterans' personal health information is extracted from the Veterans Health Information Systems and Technology Architecture to populate the web-based My HealtheVet (Russell, Saleem, Haggstrom, Russ, & Chumbler, 2010). The service was first piloted in 2001, and launched nationally in 2003 (Office of Public Affairs, 2009). With more

than ten years of evolution and growth, the current goals for participation among the patient population of the Veterans Health Administration medical facilities are remarkably low.

These benchmarks are broken down into three categories; registration, authentication, and opted in. Each of these categories represents a level of access that the veteran has to their health care through this website. Registration is defined by a veteran who has created an account on the website. Authentication means that a veteran has created an account on the website and has signed a release of information that allows their records from the Veterans Health Administration to be paired with the website. Opted in is the final level of access, which allows the veteran to have access to the website, their records, and to have the ability to Secure Message their health care team.

As of July 2009, the website has been visited close to thirty million times, with almost a million registered veterans. At that time over one hundred and thirty thousand veterans had completed their in-person authentication (Nazi, 2009). Each Veterans Health Administration facility tries to achieve certain percentages of their patient population for each level of access. These national benchmarks are 35% for registration, 25% for authentication, and 15% for opted in.

For years prior to a reorganization of leadership, ideas, and the instituting of different technologies, the Veterans Health Administration was known for lackluster health care. In the 1980s, the Veterans Health Administration suffered from a waning demand, perceptions of poor quality, and poor customer service. A threat of a health care reform effort was imminent after market research was done that suggested that three out of four veterans would leave if given a national health care card (Yano, 2007).

In the 1970s and 1980s, the Veterans Health Administration was known as a place that had a reputation of delivering poor quality and substandard care. Common viewpoints included dangerous, dirty and scandal-ridden. This changed, however, when under the leadership of Dr. Kenneth W. Kizer, the Under Secretary Health, the Veterans Health Administration developed a reform proposal that became known as the “Vision for Change”. This would eventually be translated into the “Prescription for Change”. It was a road map for structural and functional changes to enhance the quality of care and steer the Veterans Health Administration towards efficiency and excellence. Under his plan, changes were made that divided the Veterans Health Administration into 22 Veterans Integrated Service Networks, each was given a leadership team. Once the structure was established, Dr. Kizer’s plan also included

the implementation of the Computerized Patient Record System, the Veterans Health Information System and Technology Architecture Imaging, Bar-Code Medication Administration, and My HealtheVet. This leadership eventually garnered the Veterans Health Administration care as being described in 2005 by the Washington Monthly as “the best care anywhere”. This was due to the evidence that showed that the Veterans Health Administrations overall performance exceeded that of the rest of the US health system (Bhatia & Fernandes, 2008).

The Veterans Health Administration soon realized that they must use the internet to the fullest potential as it is a key component of a healthcare organization’s business and marketing strategy in order to improve the quality of care and customer satisfaction (Kerwin, 2002). By using the internet for My HealtheVet, the Veterans Health Administration was making itself available to be accessed by veterans twenty-four hours a day, seven days a week. This new access helped the Veterans Health Administration overcome geographical and poverty barriers. This continuous access would eventually lead to an increased patient satisfaction and loyalty because of more timely communications between the physician and the veteran (Kerwin, 2002). This new system has allowed the staff of the Veterans Health Administration to reduce some of the time-consuming process of searching for records, and to get both

incoming and outgoing patients processed quicker. By doing so, the Veterans Health Administration launched itself ahead of the curve on a national scale by its widespread use of internet technology.

The objective of My HealtheVet is to give America's veterans secure, convenient access to their personal health information in order to improve their individual health as well as the healthcare services they receive from Veterans Health Administration and private-sector physicians. The My HealtheVet program is based on the core belief that knowledgeable veterans are better able to make informed healthcare choices, stay healthy, and seek services when they are needed. The goal of the My HealtheVet program is to support veterans in becoming empowered healthcare consumers with improved quality, access, value, and patient satisfaction (Cowell & Nazi, 2007).

The Veterans Health Administration has seen a significant increase in patient satisfaction since the personal health record was introduced in 2003 (Nazi, 2009). This version of a personal health record gives veterans an interface that allows them to enter in military and medical history. It was developed after surveys were conducted in 1998 when the Department of Veterans Affairs webpage was undergoing a redesign. A few years later, in 2001, a pilot program of My HealtheVet was launched (Schneider, 2008) and by 2003, the Veterans Health Administration

introduced My HealtheVet to a national audience of veterans (Nazi, 2009).

Just recently, My HealtheVet celebrated its 10th anniversary, on November 11, 2013. Throughout that ten year time span and as we move into the future the My HealtheVet service continues to add new and innovative features for the betterment of our veteran's health (Groen, 2013). During a recent study, in 2013, of many veterans who have signed up for the My HealtheVet service, it was reported that seeing their records had a positive effect on care communication between visits as well as during encounters. These veterans also felt that the additional access of My HealtheVet was felt to improve their knowledge about their own health and prompted greater desire for self-care. The final discovery of the study was that the use of the My HealtheVet service resulted in improved participation in their health care (Woods, Schwartz, Tuepker, Press, Nazi, Turvey, & Nichol, 2013).

My HealtheVet allows the patient to become part of their health care team by allowing the provider to continually stay connected through the use of Secure Messaging, an email feature found on the website. Patients are able to refill prescriptions in a more efficient and effective way through the My HealtheVet website, thus cutting administrative costs. It is the most popular feature of the website, with over four million

prescription refills from 2005 to 2008 (Schneider, 2008). Patients are also able to check on future appointment times and download up to two years of their medical records.

Often times, when someone thinks of a typical user of My HealtheVet, they assume that the user must be a younger veteran, someone familiar with the internet and technology. In a web based survey of My HealtheVet users that was completed in 2011, 62% of respondents indicated that they wanted to grant personal health record access to their spouse or partner, and a smaller percentage, 23%, wanted to grant access to a child. Of those percentages, 47% of the respondents reported that the spouse or child does not live with them (Zulman, et al., 2011). This is often a result of a caregiver role. The respondents often were more interested in delegating prescription refill requests and appointment scheduling than in having the designee communicate with their health care provider (Zulman, et al., 2011).

The My HealtheVet has garnered awards along the way, as it was one of the American Council for Technology's 2007 "top five" excellence.gov award winners. It was selected for leveraging technology to enhance collaboration. It is a major reason that medical care provided by the Veterans Health Administration is rated as the "best care anywhere" (Schneider, 2008).

The My HealtheVet service also features an area that the veteran can chart their health through online journals that track everything from food intake through the use of food journals to blood sugar levels. The website gives veterans an area to input their outside providers and physicians that they see, as well as a spot to store their emergency contacts.

The newest feature of the website is called Secure Messaging. It gives the veteran the ability to improve communication between the veteran and their health care team through an email system. The veteran is able to address an issue or concern with the provider, make or cancel an appointment, or report results of self-monitored tests to the health care team. On most days, providers may not have the time to return every patient's phone call, but because of the accessibility of email, patients see a higher rate of correspondence being returned (Kerwin, 2002).

An award from the American Council for Technology does not come without dedicated work. This dedicated work is done by My HealtheVet Coordinators that are employed by Veterans Health Administration facilities nationwide. These My HealtheVet Coordinators are responsible for developing comprehensive patient education materials to promote the My HealtheVet initiative.

This literature review relates to the implementation and use of volunteer aided My HealtheVet stations within Veterans Health Administration facilities by providing a background of the Veterans Affairs Voluntary Service department and of the My HealtheVet service. One must completely understand the complexity of the Veterans Health Administration, how the Veterans Affairs Voluntary Service department works, what electronic medical records are and how they relate to an online personal health record, such as My HealtheVet, in order to understand the main hypothesis.

Significant research has been done on the Veterans Health Administration, electronic medical records, and My HealtheVet. However, a gap in research is the effectiveness and the ability of the Veterans Affairs Voluntary Service department's volunteers in helping to alleviate the current restraints that harness the Veterans Health Administration from allowing My HealtheVet service from truly taking off.

### **Types of Assistance**

When My HealtheVet was initially launched in 2003, the use of the service was quite limited. Veterans had to register themselves and typically were only made aware of it through their health care team. Self-registration was the easiest avenue to take, as it placed the responsibility

on the individual veteran. Even with instructions to take home with them, this initially caused the growth of the service to be quite limited. Soon after, the Veterans Health Administration started to hire My HealtheVet Coordinators. The My HealtheVet Coordinator's main responsibility was to increase the participation in My HealtheVet service among the facility's patient population. However, the level of success varied among the different My HealtheVet Coordinators.

Many My HealtheVet Coordinators became very creative in order to achieve the desired benchmarks that were set by the National My HealtheVet office. Often, these My HealtheVet Coordinators would promote the service through some type of community outreach. This would include developing the brand by posting it on government vehicles. Often times, My HealtheVet Coordinators would invite veterans into their office to sign them up for the service, however this quickly became an issue as the demand for the service increased and the ability to sit down with every veteran for a one-on-one to register them, outpaced the ability of the My HealtheVet Coordinator to keep up. Eventually however, they were able to be a bit more targeted with their objective through an assistant program.

In August 2012, the Veterans Health Administration decided to try a new approach to registering veterans for the My HealtheVet service.

The Veterans Health Administration initiated the My HealtheVet Assistant program. This optional program ran over the course of one year at various facilities. The facilities that opted to participate were able to hire a disabled unemployed veteran who would help other veterans sign up for the service. These My HealtheVet Assistants were typically stationed near a waiting room or entryway and became 'go to people' for veterans who wanted to sign up for the service.

By the end of August 2013, as the My HealtheVet Assistant program came to a conclusion, many Veterans Affairs Voluntary Service departments within these facilities continued on the program with volunteers. These volunteer aided My HealtheVet stations carried on the proactive and successful endeavor of providing in person assistance to veterans who wish to sign up for the My HealtheVet service.

A final type of assistance that veterans received at various Veterans Health Administration facilities was through some of the front line staff called Medical Support Assistants. These Medical Support Assistants often worked for a specific doctor or set of doctors. Part of their responsibility was to help increase the participation in My HealtheVet of their doctor's patient panel.

With the exception of self-registration, hindsight taught the Veterans Health Administration that certain legalities had been violated,

either through ignorance or negligence. These legalities consisted of accepting the terms and conditions of the My HealtheVet service while registering a veteran for the My HealtheVet service (see Appendix A) and a privacy policy that had to be accepted prior to being able to use the website (see Appendix B). Finally, if a veteran wanted to use the Secure Messaging aspect of the website, they would also have to accept the terms and conditions for Secure Messaging (see Appendix C).

Essentially, while sitting with a veteran who is registering for the My HealtheVet service, a Veterans Health Administration staff member would check the box stating that the veteran had “read and agree to abide by the following My HealtheVet terms”, for the terms and conditions of My HealtheVet, Secure Messaging, and the privacy policy. All of these documents required the veteran to click on the associated hyperlink on the registration page for My HealtheVet in order to view the intended document. The issue, of course, is that the Veterans Health Administration staff member is the one who is checking these boxes, not the veteran. This can turn out to be an issue if a violation occurs later and Veterans Health Administration tries to follow up with the veteran. The veteran could easily say that they did not agree to the terms of the My HealtheVet agreement. When an investigation would occur, it would be uncovered that the veteran did not actually check the boxes to signify

the understanding and acceptance of the piracy policy or the terms and conditions.

An obvious solution to this issue is to turn over the mouse and keyboard to the veteran and allow them to self-register themselves for the My HealtheVet service, while using a Veterans Health Administration computer. This is where the other issue that is often ignored comes up, which is a privacy issue regarding the computer network. In order to log on to the Veterans Health Administration's network through a Veterans Health Administration computer, an individual must have an account. These accounts are not given easily, one must go through proper training in order to be given access. Once an individual has an account, it is a privacy violation to let another individual use your account. If a veteran is allowed to use a staff member's account to register for the My HealtheVet service, a privacy issue regarding the computer network occurs.

### **CHAPTER III – METHODOLOGY**

The hypothesis proposed is that the implementation and use of volunteer aided My HealtheVet stations within Veterans Health Administration facilities will increase participation and use of the My HealtheVet service among the Veterans Health Administration's patient population. By proving this hypothesis, the research question of "Does providing in-person assistance during the My HealtheVet registration, authentication, and opt-in process increase participation among the Veterans Health Administration's patient population?" is also answered.

The hypothesis will be tested through comparing national averages of veterans registered, authenticated, and opted in versus an average of Veterans Health Administration facilities who have or are currently using some form of in-person assistance during the My HealtheVet registration, authentication, and opt in process. This will include both staff and volunteer in-person assistance. The comparisons include time frames from August 2012 to August 2013, and from September 2013 to March 2014.

The data that will be used in the comparison will come from various sources. One of the sources will be from a search engine the Veterans Health Administration utilizes called the Reports And Measures

Portal, also known as RAMP. This search engine allows users to search numerous reports which the Veterans Health Administration maintains. An additional source are the Veteran Affairs Voluntary Service records, which include a pilot program that enlisted Veterans Health Administration staff to provide in-person assistance to veterans during the registration, authentication, and opt-in process, known as the My HealtheVet Penetration Report. This report includes both national and facility penetration numbers, including registration, authentication, and opted in percentages of patient populations; and it can be broken down weekly.

In addition to the My HealtheVet Assistant program, a brief survey was sent out through email to various Veterans Affairs Voluntary Service Departments. This survey asked each of the Veterans Affairs Voluntary Service Departments if they have, or are currently, using any form of volunteer aided in-person assistance for the My HealtheVet program, and if so, how long they have used volunteers for this process. The Veterans Affairs Voluntary Service Departments that choose to answer this survey and who provided a timeline regarding the duration of their volunteer aided My HealtheVet station, were averaged out.

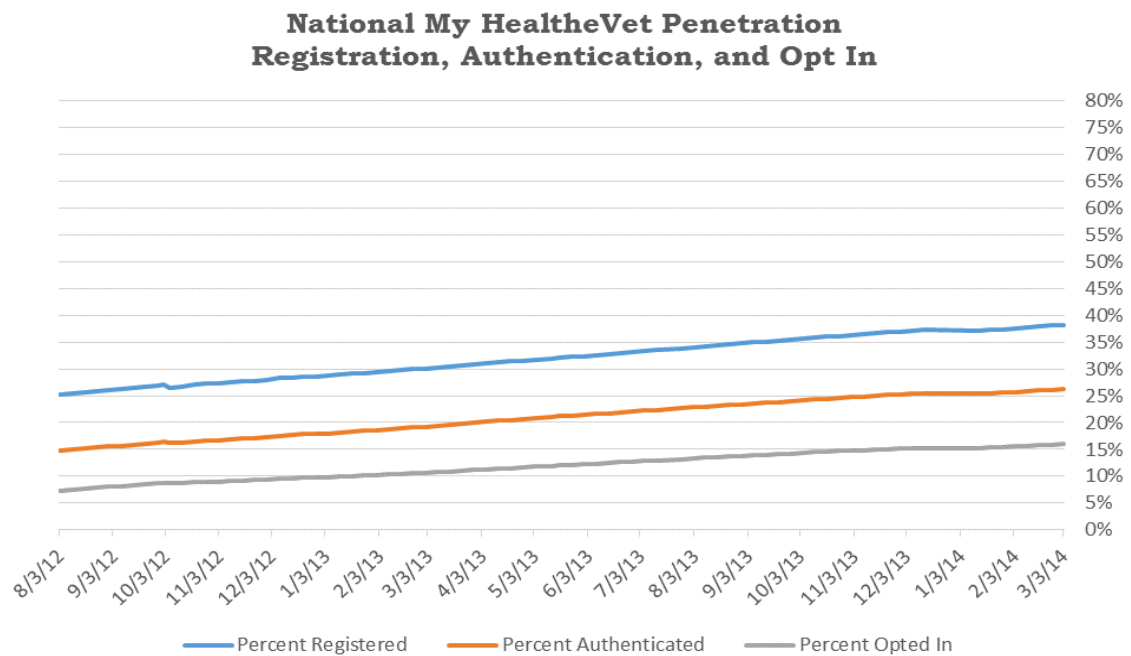
The information that has been gathered, originated from records that Department of Veterans Affairs requires the Veterans Affairs

Voluntary Service department to keep. The following charts below will dictate the evidence that has been found which proves the implementation and use of volunteer aided My HealtheVet stations within Veterans Health Administration medical facilities will increase participation and use of the My HealtheVet service among the Veterans Health Administration's patient population.

### **National My HealtheVet Penetration**

The following chart displays the national My HealtheVet penetration percentages for registration, authentication, and opt-in (see Table 1). These percentages were tracked from the beginning of the My HealtheVet Assistant program and ended six months after the My HealtheVet Assistant program was concluded. After the My HealtheVet Assistant program ended, many departments continued on the in-person assistance of My HealtheVet stations through the use of volunteers. The national My HealtheVet penetration percentages include all Veterans Health Administration facilities who participated in the My HealtheVet Assistant program and who used volunteers to provide in-person assistance, as well as all Veterans Health Administration facilities who did not participate in the My HealtheVet Assistant program and do not use volunteers to provide in-person assistance.

Table 1: National My HealthVet Penetration Registration, Authentication, and Opt In



In August of 2012, the Veterans Health Administration had a patient population of 5,455,769 veterans. The percentage of veterans registered, authenticated, and opted-in was 25.3%, 14.78%, and 7.35%, respectively.

By March of 2014, the Veterans Health Administration had a patient population of 5,662,142 veterans. The percentage of veterans registered, authenticated, and opted-in increased to 38.22%, 26.24%, and 15.94%, respectively. By March of 2014, the Veterans Health

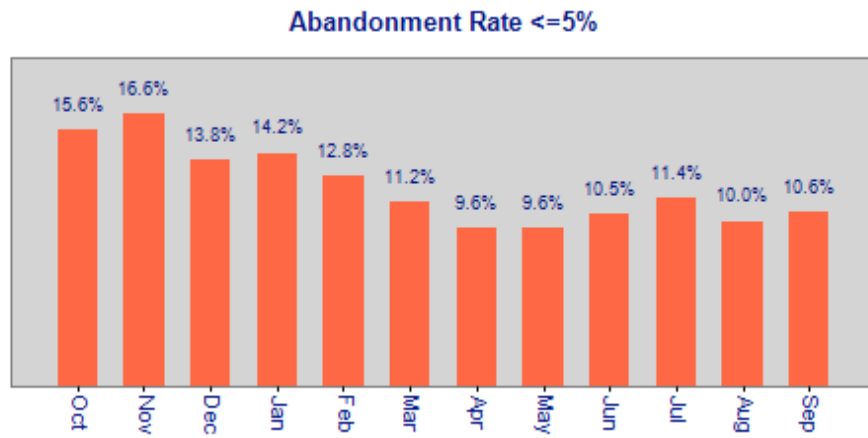
Administration had eclipsed the self-mandated goals of having its patient population registered, authenticated, and opted-in. Those goals were 35% registered, 25% authenticated, and 15% opted-in. An assumption that these goals will increase over time would be correct.

Throughout the previous and current fiscal years, the national My HealtheVet penetration percentages have continued to increase. During this time frame the amount of veterans who have called into Veterans Health Administration facilities and have had their phone call answered prior to hanging up or becoming disconnected has also dropped. The Veterans Health Administration refers to this statistic as the abandonment rate. During the current and previous fiscal years, there has been a steady decrease in the abandonment rate, as seen in Table 2 and Table 3. This statistic can be directly correlated with the increased usage of My HealtheVet during this time frame.

## National Abandonment Rate Percentage

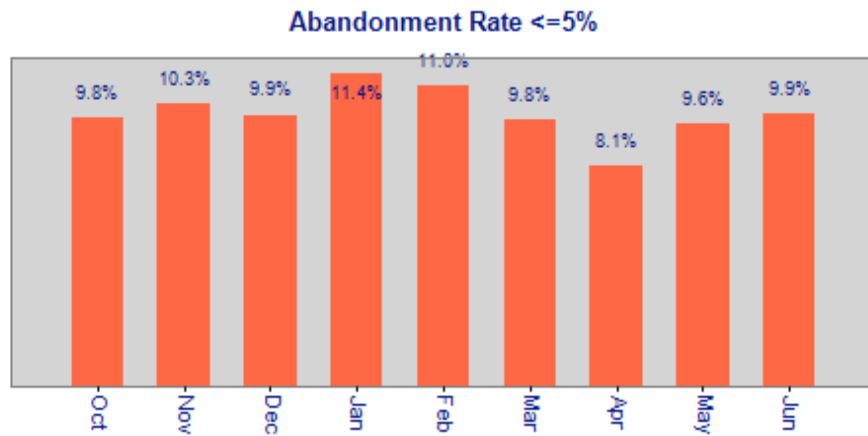
*Fiscal Year 2013*

Table 2: National Abandonment Rate Percentage, Fiscal Year 2013



*Fiscal Year 2014*

Table 3: National Abandonment Rate Percentage, Fiscal Year 2014

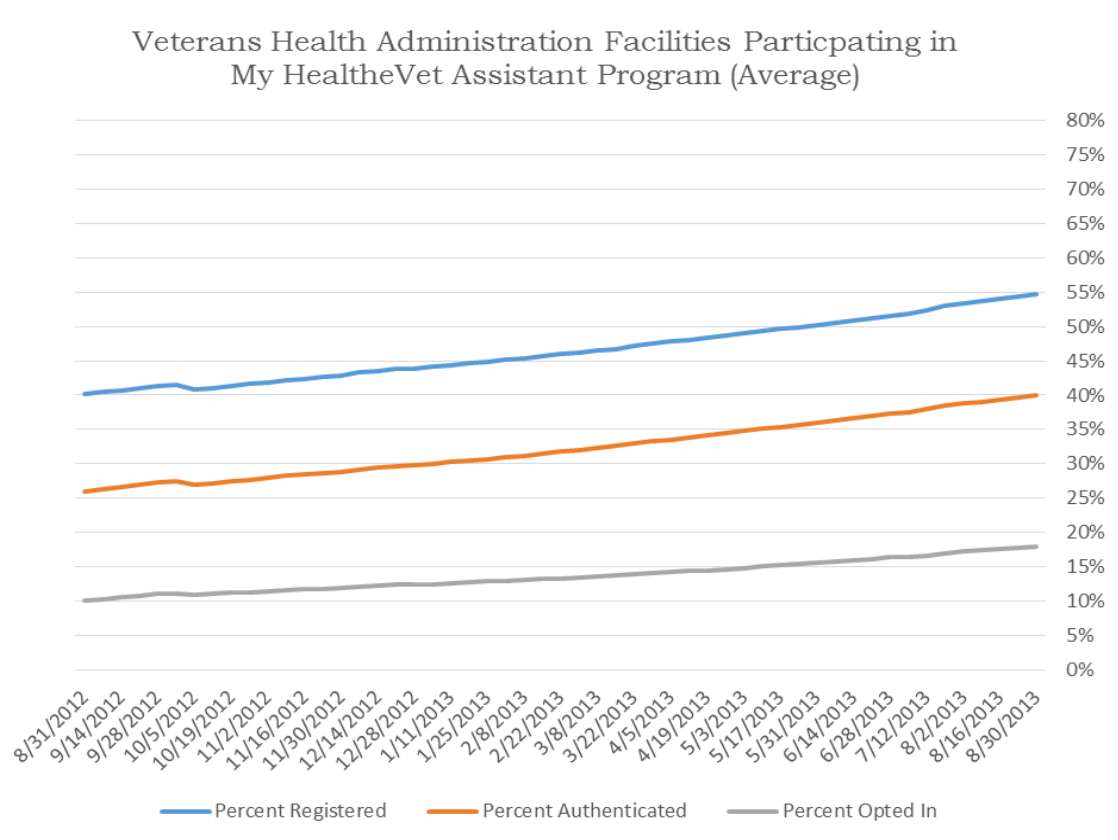


### **My HealtheVet Assistant Program Penetration**

The following chart displays the My HealtheVet Assistant program penetration percentages for registration, authentication, and opt-in (see Table 4). These percentages were tracked during the entire duration of the My HealtheVet Assistant program. This program lasted for one year.

The My HealtheVet Assistant program penetration percentages include all Veterans Health Administration facilities that participated in the My HealtheVet Assistant program and tracked their data through their facilities Veterans Affairs Voluntary Service Department. The total number of facilities that participated in the My HealtheVet Assistant program and tracked their data through their facilities Veterans Affairs Voluntary Service department was eleven. These facilities percentages for registered, authenticated, and opted-in were averaged to compare against the national My HealtheVet penetration percentages during the same time frame.

Table 4: Veterans Health Administration Facilities Participating in My HealtheVet Assistant Program (Average)



In August of 2012, the Veterans Health Administration facilities that participated in the My HealtheVet Assistant program and tracked their data through their facilities Veterans Affairs Voluntary Service Departments had a patient population of 383,051 veterans. The

percentage of veterans registered, authenticated, and opted-in was 40.19%, 26.01% and 10.10%, respectively.

By September of 2013, the Veterans Health Administration who participated in the My HealtheVet Assistant program and tracked their data through their facilities Veterans Affairs Voluntary Service departments had a patient population of 391,903 veterans. The percentage of veterans registered, authenticated, and opted-in was 54.67%, 39.92%, and 18.01%, respectively. By September of 2013, the Veterans Health Administration facilities that utilized the My HealtheVet Assistant program had surpassed its self-mandated goals of having its patient population registered, authenticated, and opted-in.

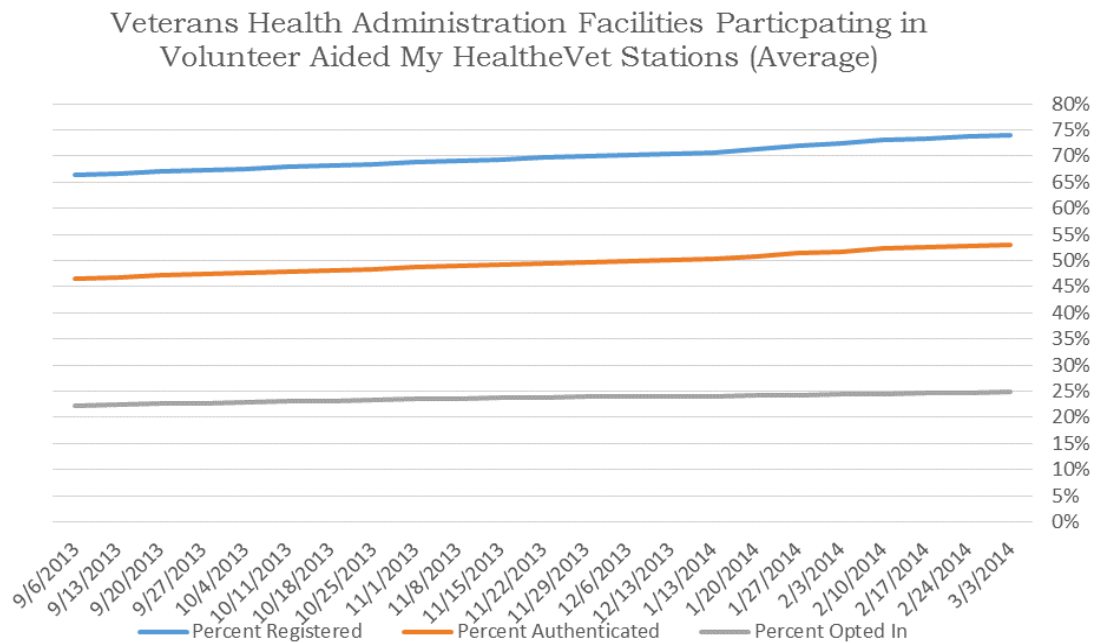
### **Volunteer Aided My HealtheVet Stations**

The following chart displays the penetration percentages for registered, authenticated, and opted-in veterans from the patient population of Veterans Health Administration facilities that use volunteer aided My HealtheVet stations (see Table 5). These percentages were tracked over the course of six months following the completion of the My HealtheVet Assistant program.

The volunteer aided My HealtheVet stations penetration percentages include all Veterans Affairs Voluntary Service Departments

that responded to an email survey that inquired about the use of volunteer aided My HealthVet stations following the completion of the My HealthVet Assistant program. The total number of facilities that responded to the email survey was six. These facilities percentages for registered, authenticated, and opted-in were averaged to compare against the national My HealthVet penetration percentages during the same time frame.

Table 5: Veterans Health Administration Facilities Participating in Volunteer Aided My HealthVet Stations (Average)



In September of 2013, the Veterans Health Administration facilities that responded to the email survey and participated in the volunteer aided My HealthVet stations totaled a patient population of 205,959 veterans. The percentage of veterans registered, authenticated, and opted in was 66.32%, 46.51%, and 22.19%, respectively.

By March of 2014, the Veterans Health Administration facilities that participated in the volunteer aided My HealthVet stations had a patient population of 209,158 veterans. The percentage of veterans registered, authenticated, and opted in was 74.04%, 53.01%, and 24.87%, respectively. By March of 2014, the combined percentages of veterans registered, authenticated, and opted-in at Veterans Health Administration facilities that utilized a volunteer aided My HealthVet station, had eclipsed the Veterans Health Administration's self-mandated goals of having its patient population registered, authenticated, and opted-in.

## **CHAPTER IV – RECOMMENDATIONS**

The recommendations based on the findings of the research within this field project would be to implement a volunteer aided My HealtheVet station within Veterans Health Administrations medical facilities. In order to successfully implement a volunteer aided My HealtheVet station, it is a vital to ensure that mass ownership of the station and the process is gained throughout the medical facility. This can be done through assembling a multidisciplinary workgroup or committee from various areas of the facility. At a minimum, the facility's Voluntary Service department, My HealtheVet Coordinator, Medical Support Assistant Supervisor, and Front Office or Administration should be included.

There are many steps to implement a volunteer aided My HealtheVet station. The first and usually the most difficult step in implementing a volunteer aided My HealtheVet station is to ensure that a facility has the space to implement a station. The space needed can be as small as a cubicle within a waiting room or as large as a separate room. The key when selecting the space is to ensure that the privacy of the veteran registering for the service is kept as a top priority.

The second step is to recruit and train volunteers who are technology literate, have patience, and who excel at teaching others.

Once volunteers have been screened and are in place, the third step would be to have a facility either purchase appropriate computer equipment or have it donated. At a minimum, appropriate computer equipment would consist of laptop computers, laptop locks, and wired mice. The fourth step is to ensure that either Wi-Fi for patient use is in place or a separate internet hotspot is available with open access.

The fifth step to ensuring success of the implementation of a volunteer aided My HealthVet station is to create veteran traffic at the station. This can be done through the creation of a standard operating procedure that has an intended purpose of funneling veterans to the station. It would be recommended that the standard operating procedure that is created emulate the standard operating procedure in Appendix D.

The sixth and final step to implementing a volunteer aided My HealthVet station is to create awareness through marketing. This can be done with the help of the My HealthVet Coordinator and the Medical Media department. These two departments are vital to the success of implementing a volunteer aided My HealthVet station. Without proper patient education or staff awareness about the service, the success of the implementation is decreased.

Inevitably, technology always presents issues. If the individual in charge of the volunteer aided My HealtheVet station is not technology literate, it is imperative that a relationship is developed with another staff member who is. Many facilities have an Information Resources Management employee at their facility. This is an individual who should be recommended to develop a relationship with as they are responsible for the information technology at Veterans Health Administration medical facilities. Other technology issues that may occur include Wi-Fi issues and computer hardware or software issues.

Space considerations also can come into play. The majority of Veterans Health Administration facilities are cramped for space. This is, of course, due to national budget issues, combined with an ever increased amount of veterans who seek care through the Department of Veterans Affairs. In order to implement volunteer aided My HealtheVet stations, adequate space is required. Theoretically, this can be as small as a single desk, cubicle, or even a kiosk.

Nationally, a directive or guidance must be given by the National My HealtheVet office regarding a standard operating procedure for volunteer aided My HealtheVet stations. Within this standard operating procedure, the steps for implementing and use of a volunteer aided My HealtheVet station should be included. Another inclusion of the

standard operating procedure should be a method of routing veterans who come to the Veterans Health Administration facility, and who are not yet authenticated for the My HealtheVet service, to the volunteer aided My HealtheVet station (see Appendix D).

This involves support and teamwork by other departments beyond the My HealtheVet Coordinator and the Veterans Affairs Voluntary Service department. In order to implement a standard operating procedure that funnels willing veterans into a volunteer aided My HealtheVet station with the plan of helping them self-register for the service, the Medical Support Assistants who currently help with checking-in a veteran for their appointments, must also be on board.

Patient education needs to be created through either the National My HealtheVet office or through a facility's Medical Media office. A simple and easy to understand explanation of the My HealtheVet service to veterans is critical. The information needs to be presented to the veterans in a way that shows them why they would want to register for the service. This patient education must include the national My HealtheVet help desk hotline phone number. This help desk hotline number is staffed with Veterans Health Administration employees whose sole job is to provide technical support to veterans using My HealtheVet.

## **CHAPTER V – CONCLUSION**

The evidence is quite obvious that the hypothesis of the implementation and use of volunteer aided My HealtheVet stations within Veterans Health Administration facilities will increase participation of the My HealtheVet service among the Veterans Health Administration's patient population. This is, in fact, supported by evidence to be a true statement. The implication of this hypothesis being supported by evidence is grounds for Veterans Affairs Voluntary Service Departments and My HealtheVet Coordinators nationwide to seriously discuss increased collaboration between their two missions. With increased participation between these two departments, veterans from across the nation will have better access to their health care.

Future research into this topic should include available space allocation within Veterans Health Administration facilities, Veterans Service Organizations collaborative donations to support such an endeavor, a volunteer's technology literacy, and standardizing a process for funneling veterans into these volunteer aided My HealtheVet stations at Veterans Health Administration's facilities.

Research limitations on this topic include the inability to gain insight into each facility. Due to the size of the Veterans Health

Administration, each facility is run by a Director. These Directors have a leadership team that formulates various standard operating procedures, to include the topic of My HealtheVet. Although data can be collected from these facilities, it is limited to the data only, meaning that research is limited on how that data was achieved. The other limitation regarding the data was due to the size of the data. With over 1400 Veterans Health Administration medical facilities, the amount of data is so enormous that it becomes much harder to navigate through it.

Further research limitations included limited access to reports regarding prescription refills through My HealtheVet and pharmacy phone calls. This information would likely provide additional insight on the effect of a volunteer aided My HealtheVet station. Access to reports regarding the use of the medical record downloading feature called Blue Button and the inability to track the usage of the Release of Information software package also contributed to a research limitation. Insight gained from access to reports that would track the usage would likely provide additional correlation information regarding volunteer aided My HealtheVet stations.

The information provided within this field project speaks to the need for improving the access to My HealtheVet. With a full understanding of what the My HealtheVet service is capable of and the

impact it can have on a veteran's life, the Department of Veterans Affairs must continue to adopt and implement volunteer aided My HealtheVet stations in its medical facilities.

The Department of Veterans Affairs must do everything it can to ensure that veterans receive total care. A collaborative effort, using departments and resources that are already in place, is all that stands in the way of making this hypothesis a solution to the problem of inadequate access to health care for our nation's veteran.

APPENDIX A

Terms & Conditions to Register for My HealthVet

## *Terms & Conditions to Register for My HealtheVet*

### *Agreement to Terms & Conditions*

### *Agreement & Disclaimers*

#### *General Disclaimer*

My HealtheVet is an online personal health record (PHR). It enables Veterans to create and maintain a PHR that includes access to health education information, personal health journals, copies of key portions of VA patients' electronic health records and electronic services such as online VA prescription refill requests, Secure Messaging and more. Some Veterans may view portions of Department of Defense Military Service Information. The Department of Veterans Affairs (VA) provides this service to you, based on the following Terms and Conditions. You must agree to these Terms and Conditions to use My HealtheVet. You are also agreeing to your responsibilities as stated in the Privacy Policy Notice.

My HealtheVet includes some information and services from resources outside VA. In the My HealtheVet Medical Disclaimer and Agreement, the terms "We", "Us", or "Our" refers to My HealtheVet. "You" or "User(s)" refers to users of this service. This information is delivered through a protected federal computer system and network. VA supports the storage and transmission of all information on My HealtheVet.

#### *Privacy Act Statement*

VA and the My HealtheVet Program Office know the value you place on the privacy and safeguarding of your data on the Internet. As a result, every effort is made to protect your information and your privacy. When you register for My HealtheVet you are asked to provide certain information. This is for administrative purposes and is voluntary. However, if you do not provide the information requested, a My HealtheVet account cannot be created for you as the information is used to give you access to the site. The requested information includes your:

- name
- date of birth
- Social Security Number
- gender
- email address
- user type (for example, VA Patient)
- zip code

The collection of this information is authorized by 38 U.S.C. Section 501. The information is also subject to the Privacy Act of 1974 (5 U.S.C. 552a, as amended). As such, VA employees may only use it in the performance of their duties. The information can only be disclosed outside of VA with the proper authority (5 U.S.C. § 552a(b)) which includes "routine use" disclosures as outlined in the Privacy Act Systems of Records Notices "My HealtheVet Administrative System of Records" 130VA19 and "Patient Medical Records" 24VA19.

#### *Sharing of Your Information and Data*

My HealtheVet uses a secure database ( eVault) as its storage system. The eVault stores a user's self-entered health information, health measures, and may include copies of the information in the user's VA health record for authenticated VA patients. The eVault may also include data shared from Department of Defense or other non-VA sources. Users of My HealtheVet are the owners of their information in eVault. Your self-entered data is not automatically shared with your healthcare team. If you wish to share it, you must print it out and bring a copy to your team. When the delegation option is available, you can choose to share your personal health information in your My HealtheVet account with others.

The portions of your VA health record seen in My HealtheVet are electronic copies of your official VA health record. Your VA health record, stored at your VA health facility, remains the official and authoritative VA health record.

Some information in your My HealtheVet account will be reviewed by your health care team, such as Secure Messages and, when the option is available and if you choose to share, health assessments. Secure Messages accessed through your personal health record may be copied into your VA health record by a member of your health care team.

Some information is not shared with your VA facility, such as your address and telephone number. If you need to update this information you must contact your local VA facility. When the delegation option is available, you may choose to share information that you have entered in your journals or HealtheLogs with others.

VA use and/or release of your information is limited. Access to your information may only be given to an agency or an individual as permitted by law. VA only provides the minimum amount of information requested.

VA may do statistical analysis of user characteristics to rate areas of interest. VA may utilize data for quality, research or other My HealtheVet program needs in order to improve the system. VA may do statistical analysis of de-identified user data for population health monitoring.

You are provided with an Account Activity History. This history lets you view a history of activities taken on your account. If you suspect unauthorized access to your eVault, contact the My HealtheVet Help Desk.

#### *Electronic Transfer of Information from your Official VA Health Record to My HealtheVet*

VA patients with an upgraded My HealtheVet account have access to copies of parts of their VA health record. There may be times when information from the VA health record is not available through My HealtheVet. When this occurs, you will get a message alert on the screen. You will be directed to contact your local VA health care facility for more information.

#### *VA Blue Button: Download My Data*

The VA Blue Button lets you print, download and save your personal health information to a file on your own computer. Once any of your information is downloaded to your computer, it is no longer protected by the VA security system. You are responsible for protecting the personal health information you print out or download. It is important to protect your information. Protect this information the same way you would protect your banking or credit card information. Do not leave your printed information in a printer. Do not save your downloaded information to a public computer.

#### *Medical Disclaimer*

VA may partner with outside parties to provide users with health information or information services. Information on My HealtheVet is not a substitute for medical advice and should not be used in place of advice from your health care team. Your health care team can help you to make informed decisions.

You may copy or share any information available on the My HealtheVet site. If you copy information from the My HealtheVet site in order to share it, please include the byline, photo or image credits. Other websites may link to My HealtheVet's official URL of <https://www.myhealth.va.gov>.

### *Prohibited Use*

Causing any harm to the security or the information on My HealtheVet is forbidden by law. It is against the law to threaten, attempt, or try to change this system. It is against the law to prevent access to this system. It is also against the law to access data that does not belong to you. These actions violate Federal laws and may result in criminal, civil, or administrative penalties. These Federal laws include 18 U.S.C. 1030 (Fraud and Related Activity in Connection with Computers) and 18 U.S.C. 2701 (Unlawful Access to Stored Communications).

### *Prescription Refill*

My HealtheVet Prescription Refill offers a VA patient the ability to view their personal VA prescription information and to request refills. This online feature is secure and private. To use this feature you must be enrolled in the VA health care system. Your prescription must have been written by a VA health care provider and it must have been filled at least once before at a VA pharmacy.

Prescriptions are refilled and mailed from one of VA's Consolidated Mail Outpatient Pharmacies (CMOP). Your refill request will be mailed to the address that is in your official VA record, which may not be the same as the address you have entered in your My HealtheVet account. You must contact your VA health care facility in order to change the mailing address for your medications.

With prescription refills, there is no limit on the number of different prescription refills you can request at one time. However, a refill request for the same prescription cannot be submitted multiple times on the same day. If the VA pharmacy is unable to refill your prescription, you will receive a message telling you to contact the VA pharmacy that is filling your prescription.

There may be times that online prescription refill services are not available. This may be due to technical issues or system maintenance. If this happens, you should contact your VA pharmacy directly to arrange for prescription refills. You can also use your VA health care facility's telephone refill system.

### *Use of Email Addresses*

VA reserves the right to contact you. My HealtheVet may contact you using the email address you provided. Email messages could include:

- important system or account information
- major changes planned for My HealtheVet
- a response to your inquiry to the My HealtheVet Help Desk
- other system-related needs
- information from or about My HealtheVet
- reminders for forgotten User IDs and Passwords.

Some Internet Service Providers or third party email providers may block messages coming to you from sources that are not on their pre-approved list. This is done as a security measure to control spam and potentially malicious email. In these cases, it is your responsibility to ensure <https://www.myhealth.va.gov> is on the pre-approved list. VA is not responsible for any consequences resulting from our emails being blocked by your Internet Service Provider. This includes spam-blocking software, or other similar products.

#### *Surveys, Questionnaires and Polls*

Various tools are used to get feedback and input from our users. These may include surveys, questionnaires and polls. If you respond to any of these tools in My HealtheVet, your personal identification is not disclosed unless authorized by you. This information is used to measure performance, determine how the site is used, identify what users want, and for design purposes.

My HealtheVet is an online personal health record. It is also a VA computer system. As such, it includes all related equipment, networks, and network devices, including Internet access. This system is for authorized use only. For that reason, VA computer systems are monitored. Use of monitoring tools can help the VA:

- manage the system
- protect against unauthorized access
- verify security procedures
- ensure survivability
- enable operational security

During monitoring, information may be examined, recorded, copied and used for authorized purposes.

### *Deleting Your Account*

You may choose to delete your My HealtheVet account at any time. You must notify the My HealtheVet Help Desk if you wish to delete your account. You can do so by going to the "Contact MHV" link. You must confirm your decision to delete the account prior to it being deleted. Be aware that once deleted, your information stored in the eVault becomes immediately inaccessible and cannot be retrieved. VA is required to store any administrative information (such as name, address, birthdate and social security number) for six years.

### *Deactivating Your Account*

You may choose to deactivate your My HealtheVet account at any time. You must notify the My HealtheVet Help Desk if you wish to deactivate your account. You can do so by going to the "Contact MHV" link. You must confirm your decision to deactivate the account prior to it being deactivated. You will have two years from the last use of your account to be able to reactivate your account and be able to view your self-entered data again. You can do this by contacting the My HealtheVet Help Desk.

### *Death of a My HealtheVet User*

In the event of a user's death, the account will be closed out. To do this, the My HealtheVet Help Desk must receive official notification of death. Upon receipt, the user's account is deactivated. If the deceased user has an upgraded account, this upgraded status is removed. The account is then changed to a read only status, for a period of one year. During this time, the information can be downloaded using the VA Blue Button feature. However, no other activity such as Secure Messaging, ordering medications or data entry is possible. After one year, the eVault information, and any surrogate links to the account will be deleted. Administrative information is saved for six years.

### *Changes to this Policy*

These Terms and Conditions may be revised. When VA makes a change that affects the collection and use of your personal information, these changes are reflected in the Terms and Conditions, and a notice is posted on the My HealtheVet home page. In order to receive continued access to MyHealtheVet, you must accept the new Terms and Conditions.

When you login, you will be prompted to read and accept the new Terms and Conditions in order to continue using your My HealtheVet account. If you choose not to accept the Terms & Conditions, you will not be

allowed to complete your login and will not be able to access your account until you choose to accept the Terms & Conditions.

*Agreement*

You accept and agree that VA is not responsible for the results of your decisions, which may be influenced by your use of My HealtheVet. This includes, but is not limited to, you choosing or not choosing to:

- seek or not to seek medical care; or
- change or stop treatment (based on information provided).

You further agree and accept to allow the My HealtheVet Program Office and/or the Department of Veterans Affairs (VA) to contact you. This may include requests to respond to surveys, questionnaires, research or polls. You may also be asked to take part in field-testing of new My HealtheVet features. However, your response to these requests is voluntary. You are not required to respond to these requests in order for you to maintain an account in My HealtheVet.

*Effective Date of This Notice*

Version 2.0 This notice will be in effect when the new Terms and Conditions are deployed in September 2012.

*Reviewed/Updated September 29, 2012*

APPENDIX B

Privacy Policy to Register for My HealthVet

*Privacy Policy to Register for My HealtheVet*

*Privacy Policy*

*Privacy Act Warning*

You do not have to provide the information requested for My HealtheVet registration to VA, but if you don't, we will be unable to process your request and provide you My HealtheVet electronic services. Your decision to not provide this information will not have any effect on any other benefits to which you may be entitled.

My HealtheVet recognizes the premium you place on privacy protection on the Internet and we make every effort to protect that privacy. Certain administrative information, such as your name, user ID, date of birth, social security number, gender, email address, user type and zip code are collected in order to provide you access to My HealtheVet and is subject to the Privacy Act of 1974 (5 U.S.C. 552a, as amended). Only authorized persons in the conduct of official business may use personal, administrative information contained in the My HealtheVet Administrative system of records. Any unauthorized disclosure or misuse of personal administrative information may result in criminal and/or civil penalties. Any individual may file a civil action in a Federal District Court against VA if the individual believes that VA violated the Privacy Act.

For site management, information is collected for statistical and management purposes. This government computer system uses software programs to create anonymous, summary statistics, which are used for such purposes as assessing what information and My HealtheVet services are of the most and least use to users, determining technical design specifications, and identifying system performance or problem areas. For site security purposes and to ensure that this service remains available to all users, this government computer system employs software programs to monitor network traffic to identify unauthorized attempts to upload or change information, or otherwise cause damage. Except for authorized law enforcement investigations, no other attempts are made to identify individual users or their usage habits. Unauthorized attempts to upload information or change information on this service are strictly prohibited and may be punishable under Federal law.

My HealtheVet is a Department of Veterans Affairs computer system. This computer system, including all related equipment, networks, and network devices (specifically including Internet access) are provided only

for authorized uses. VA computer systems may be monitored for all lawful purposes, including ensuring that their use is authorized, managing the system, protecting against unauthorized access, and verifying security procedures, survivability, and operational security. During monitoring, information may be examined, recorded, copied and used for authorized purposes.

#### *The Use of Cookies*

The My HealtheVet application does not use "persistent cookies" to retain information on users of My HealtheVet. The Department of Veterans Affairs prohibits the use of "persistent cookies," a type of web technology that collects user-identifying information over time and across different web sites.

#### *Use of Email Addresses*

Users who have requested email updates, based on selections within "Areas of Interest" may receive information that may help them better manage their care. We will only use your e-mail address to forward you materials on the information you have noted as an interest upon registration. Your e-mail address may also be used for forgotten password or user account information, and in the future it may be used as a tool for messaging. Users, who receive requested information, will always have the ability at any time to opt out of receiving any future information.

#### *Security of Information*

At all times, security maintenance and administration is an essential element of web site operation and maintenance. My HealtheVet employs several levels of security to protect the personal identifiable information of registered users. When you type in your personal information, My HealtheVet establishes a secure connection with your browser so your information is 'encrypted' or scrambled for transmission and storage. In addition, these security levels are believed to be in compliance with the Health Information Portability and Accountability Act of 1996 (HIPAA) (Pub. L. 104-191, Aug 21, 1996, 110 Stat. 1936), and implementing regulations 45 CFR, Parts 160 and 164.

#### *Secure Socket Layer (SSL)*

A security protocol, which provides a transmission level of encryption between the user's browser and My HealtheVet server machines. SSL is a

method for protecting a My HealtheVet user's identification and password.

#### *MHV ID*

The MHV ID number is a randomly generated number assigned to all MHV user accounts. You get your MHV ID automatically when you register for MHV. It is an additional security measure to protect your information. Future features of MHV will require the MHV ID.

#### *Personal Responsibility for Personal Information*

Users can establish links on their personal My HealtheVet home page, and enter appointments into a personal calendar and establish personal eVaults for storing self-entered health information and metrics. Users of My HealtheVet are the sole owners of the information contained in their My HealtheVet accounts, and as such, take full responsibility for disclosing information in their accounts to other individuals.

#### *Registration and Log In*

You are always welcome to use My HealtheVet without registering or logging in for certain services such as customizing your web page or entering self entered information. When you use these features, we will require your user ID and password for identification.

#### *Password Protection*

When you register for a My HealtheVet account, access to your personal pages will be password protected. You will have five (5) chances to enter the correct password before you are locked out of the system. We strongly recommend that you do not divulge your password to anyone and that you change on a regular basis. Exercise personal security in how you handle your password. My HealtheVet will never ask for your password in an unsolicited phone call or unsolicited e-mail.

#### *Logging Out*

You should remember to log out when you are finished accessing password protected My HealtheVet services. This prevents someone else from accessing your personal information if you leave, share, or use a public computer (i.e., like a library, or Internet café) and your session hasn't automatically "timed out" or shut down. You should remember to log out. If you forget to log out or 30 minutes of non-activity pass, the session will time out.

### *Exit Site Notice*

My HealthVet has links to many other organizations. In a few cases we link to private organizations, with their permission. Once you link to another site, you are subject to the privacy and security policy of the new site. When My HealthVet links to external Internet sites, it does so by opening a new window (or browser) on your screen. Any information in these secondary windows (browsers) should be considered external to the My HealthVet website, and VA is not responsible for its content.

### *Saving of Passwords by Browser*

Many Internet browsers (such as Internet Explorer and Netscape Navigator) allow users to save user IDs and passwords. When prompted by a browser to save your My HealthVet user ID and password, you should decline this option. Saving user IDs and passwords could potentially allow persons who gain access to your workstation to access your personal information. (In some cases, you may have an option to unselect a checked box that prompts you to save this information. To prevent this prompt from appearing again, you can unselect the checked box by clicking on it with your mouse.)

### *Surveys, Questionnaires, and Polls*

My HealthVet may use surveys, questionnaires and polls to facilitate feedback and input from our users. When you respond to surveys, questionnaires or polls related to our site, this information is collected only as anonymous, aggregated information and is used for statistical purposes. When used in conjunction with your personal health record, this information will be used to assist you in any of the areas that you direct.

APPENDIX C

Terms and Conditions to Opt-In to My HealtheVet

## *Terms and Conditions to Opt-In to My HealtheVet*

### *Opt-In (Open a Secure Messaging Account)*

Secure Messaging is to be used only for non-urgent, non-life threatening communication. If you have an urgent or life threatening issue, call 911 or go to the nearest emergency room.

Your decision to use Secure Messaging is voluntary and does not affect your ability to contact your facility directly to speak with your health care provider. Secure Messages may be screened by administrative staff before being forwarded to a health care provider.

To participate in Secure Messaging, you must be a VA patient with an active My HealtheVet account who has completed the In-Person Authentication (IPA) process. If you close your My HealtheVet account or lose your IPA status, you will no longer be able to access Secure Messaging.

When you use Secure Messaging, you are expected to follow certain standards of conduct. Violations may result in being blocked from using Secure Messaging. Unacceptable conduct includes, but is not limited to:

- a. Using Secure Messaging for urgent or life threatening issues
  - b. Sending threatening messages to a care provider
  - c. Using profanity or harsh language
  - d. Using Secure Messaging for communicating non-medical issues
  - e. Sending an excessive number of Secure Messages
- You must have access to the Internet to use Secure Messaging.
  - Normally, you will receive a reply to your message within 3 business days. When a faster response is required, call your health care provider or visit your VA facility.
  - At the discretion of your provider, any or all secure messages may become part of the electronic health record.
  - The connection to the Secure Messaging server is secure. However, it is your responsibility to ensure that your personal information is not compromised on the computer being used to access Secure Messaging.

- You are responsible for logging out of Secure Messaging when your session is finished and for closing the browser being used to access Secure Messaging. If you print out any Secure Messages, you are responsible for protecting that information.
- Secure Messaging is not email. However, email may be used for remote notification. Remote notification is a process that sends an automated email to the email account you registered on your My HealthVet account when a Secure Message is waiting to be read. No part of the actual Secure Message will be transmitted via email. Receiving these notifications is optional.

APPENDIX D

Sample Standard Operating Procedure

Sample Standard Operating Procedure

SOP

August 19, 2013

*Veterans Affairs Health Care Facility*

*Standard Operating Procedure*

*“Registration and Authentication of Veterans for My HealtheVet”*

1. Purpose: To establish procedures for registering and authenticating veterans in the My HealtheVet program at the Veterans Affairs (VA) Health Care Facility.
2. Procedures:
  - a. VA staff checks to see if the veteran is authenticated in the My HealtheVet program by looking for MHV in the top right corner of the patient’s chart in the Computerized Patient Record System.
  - b. If not authenticated, the VA staff asks if the veteran is or would like to register for My HealtheVet.
    - i. If the veteran is registered but not authenticated, VA staff will proceed to Step 2h.
    - ii. If VA staff is unavailable to assist the veteran with the registration process, the veteran is provided with appropriate My HealtheVet materials to include instructions for self-registration at home. The veteran is then encouraged to follow the instructions and complete the registration and authentication process at home.
  - c. Veteran is given My HealtheVet Flier prior to going to appointment as indicator of interest.
  - d. Following appointment, health care team directs veteran to the Volunteer Aided My HealtheVet Station.

- e. Veteran arrives at Volunteer Aided My HealthVet Station and is greeted by volunteer who explains how to veteran how to self-register for My HealthVet service.
  - i. Homepage for computers within the Volunteer Aided My HealthVet Station is set to My HealthVet registration page, all other webpages are blocked.
- f. The veteran and volunteer then follow the registration guidelines to establish a My HealthVet account.
  - i. After completing the registration process, the veteran reviews the privacy policy, terms and conditions for My HealthVet and Secure Messaging.
  - ii. The veteran then checks the terms and conditions and the privacy policy boxes prior to completing registration process.
- g. The volunteer provides the veteran with MHV resource materials.
- h. The veteran is asked to sign and date VA Form 10-5345a-MHV and is instructed to turn the document in to the volunteer on duty within the Volunteer Aided My HealthVet Station.
- i. At end of shift, volunteer forwards the collected VA Form 10-5345a-MHVs to designated VA staff.
- j. Designated VA staff logs into <https://admin.myhealth.va.gov/mhv-admin-portal-web/admin/mhvAdmin/mhvAdminDesktop/home> to process authentication request.
- k. After the veteran has been registered, matched, correlated, and authenticated, the VA staff will initial and date the bottom of the VA Form 10-5345a-MHV.
  - i. VA staff will send the signed VA Form 10-5345a-MHV to appropriate VA staff for scanning.

ii. After VA Form 10-5345a-MHV has been scanned into the veteran's record, the form will be shredded.

3. This SOP will be reviewed annually.

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