



Virtual Lifetime Electronic Record (VLER) Health Implementation Guide



"Both Departments [Veterans Affairs and Department of Defense] will work together to define and build a system that will ultimately contain administrative and medical information from the day an individual enters military service throughout their military career, and after they leave the military."

*President Barack Obama, Defense Secretary Robert Gates,
and Secretary of Veterans Affairs Eric Shinseki*

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INTRODUCTION

This document serves as an implementation manual for the Virtual Lifetime Electronic Record (VLER) Health programs. The intent of this document is to serve as a reference guide for those VA Medical Center personnel who will be involved in implementing VLER Health at a VA Medical Center (VAMC). These VAMC sites will have private “health community” partners that have expressed a desire and have technical ability to share health care information. Some Department of Defense (DoD) sites will also be partners in sharing depending upon location. Implementation of the VLER Health program requires the involvement and cooperation of several different departments throughout the hospital with management of health records under the auspices of the Health Information Management (HIM) department, which includes overall management of the consent directives (authorizations, revocations, and restrictions) and disclosures. Consent directives are managed by Release Of Information (ROI) staff through the Veterans Authorizations and Preferences (VAP) system, based on receipt of paper based forms, or by the Veteran electronically through the eBenefits portal. This version of the implementation manual builds on the lessons learned from the VLER Health pilot programs at 12 VHA sites that have had significant community engagement and interagency collaboration. This document includes background information about VLER Health and eHealth Exchange, a brief description of the initial pilot sites, summaries and detailed descriptions of roles and accountabilities of implementation staff, communication strategies, and a glossary of terms.

BACKGROUND: eHEALTH EXCHANGE

The eHealth Exchange (formerly known as the Nationwide Health Information Network, or NwHIN) is a collection of standards, protocols, legal agreements, specifications, and services that enables the secure exchange of health information over the Internet. The eHealth Exchange is a key component of the national health information technology (IT) strategy as promoted by the Office of the National Coordinator for Healthcare IT. It will provide a common platform for health information exchange across diverse entities, within communities and across the country. This strategy will also help the local healthcare communities to achieve the goals of the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. This critical part of the nationwide health IT agenda will enable health information to follow the consumer, be available for clinical decision making, and support appropriate use of healthcare information beyond direct patient care so as to improve public and population health. The eHealth Exchange is evolving to meet the emerging needs of those requiring an exchange of health information securely over the Internet.

BACKGROUND: VIRTUAL LIFETIME ELECTRONIC RECORD (VLER) HEALTH

The VA and the DoD have each created and effectively adopted electronic health records (EHRs) called VistA (Veterans Health Information Systems and Technology Architecture) at the VA and AHLTA (Armed Forces Health Longitudinal Technology Application) at the DoD. However, a majority of Veterans and Servicemembers receive care from non-VA and non-DoD providers. Therefore, to create a complete health record for every Veteran and Servicemember, the VA and the DoD have undertaken the initiative to make their EHRs interoperable with the EHRs of private sector healthcare providers. Executive Order 13410, “Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs,” articulates the business case for a lifetime record and further requires the use of interoperability standards. In parallel, an additional requirement for VA and DoD to partner was to meet the April 09, 2009 Presidential mandate, which states that “Both Departments [VA and DoD] will

work together to define and build a system that will ultimately contain administrative and medical information from the day an individual enters military service throughout their military career, and after they leave the military.” The goal of this comprehensive system is to provide access to the VLER Health Information Exchange. Implementation and access to the VLER Health is a VA-DoD interagency initiative that will provide a simple, cost-effective means for electronically sharing relevant health and benefits data of Veterans and Servicemembers. The VA, DoD, and private sector providers who care for Veterans, Servicemembers, and their beneficiaries will be able to exchange health information over a secure Internet. From the VA medical center user’s perspective, access will be a virtualized single portal where they can access and share necessary information to provide informed, superior care and accurate benefits. The intended benefits of the of information exchange include:

- Supporting and maintaining the continuity of care for patients;
- Enhancing the quality of care through the ability to access necessary health information rapidly at the point of care;
- Improving patient safety and reducing medical errors; and
- Reducing or eliminating redundancy of procedures (e.g. laboratory or radiology tests), or otherwise improving the efficiency of care or of administrative processes.

VLER HEALTH PILOT PHASE

The VLER Health program implementation started with several pilot projects prior to national deployment. The first VLER Health community was in San Diego, California, where VA, DoD, and Kaiser Permanente (KP) became the first provider organizations to use the eHealth Exchange as a bi-directional exchange in a production setting. VA and DoD selected additional common and different communities for additional pilots in fiscal years 2010 and 2011. These new VLER Health communities posed a variety of challenges including different size partners, IT capabilities or readiness, and state laws. Although VLER Health is an interagency VA-DoD project, it requires significant community engagement to be successful.

VLER NATIONAL TEAM (Post Pilot)

The VLER National Team is comprised of the following individuals and groups:

- VLER Business Owner
- VLER Health Business Owner
- VLER Health Implementation Team – this team is comprised of:
 - Program Manager
 - Program Planner
 - Administrative Support
- Support staff from Veterans Health Administration Central Office (VHACO) program offices such as Health Care Identity Management, Health Information Management, Information Access and Privacy, and Health Care Security

This team works closely with several other teams in the VHA and the Office of Information and Technology (OI&T) to create and deploy the solution centrally and to ensure that the private partners meet VHA IT criteria for information sharing. They also are a source of support for troubleshooting connectivity issues.

National VLER Health Enterprise Program Office (EPMO) Responsibilities (To be completed prior to Go-Live at each VAMC site)

The National Roll-out (Scalability) Plan defines the implementation plan of VLER Health at the national level. It addresses multiple major components of the project. The goal is to submit to each VAMC site, a fully functioning product with ability to share Veteran health information with acceptable performance parameters. EPMO areas of responsibility include:

- Develop operating budget;
- Set national goals and objectives;
- Maintain and update National VLER Health website and links to other websites such as eBenefits; and
- Coordinate content enhancement releases.

VLER Health National Staff

Pre - Implementation Tasks required prior to VA facility active participation

- Assess potential HIE / Private partner for eHealth Exchange readiness – determine number of private providers who will access data, how they will access, how they will know to access, who will train users, what is schedule for training
- Discuss the challenges and requirements to qualify for VLER Health implementation with selected VAMC site leadership
- Review the Implementation Guide with VAMC Leadership to define responsibilities and designated personnel
- Review site HIM / HAS readiness of both the VAMC Release of Information (ROI) and Enrollment areas to ensure they meet the requirements necessary to cope with the anticipated workload; communicate workload impacts to the ROI and enrollment areas with the VAMC facility leadership
- Share New Partner Business Readiness Survey with the VA facility
- Leverage lessons learned from previous pilot sites
- Provide tools for VAMC communication methods (Implementation Guide, Appendix B) for each site to use as they see fit
- Inform the VAMC of the HRC services; contact the HRC just prior to the new VAMC implementation and provide HRC with VAMC contact information
- Introduce private provider points of contact at HIE and customer hospitals to VAMC facility contact person; suggest that the VAMC schedule face-to-face meetings with Clinical Leaders / Champions at VAMC and partner facilities
- Provide lines of communication to and from the national program office to VLER Health VAMC sites before go-live, during, and after implementation
- Maintain national VLER Health website and links to other websites, for example My HealthVet (MHV)
- Oversee eBenefits processes for VLER Health and inform facility of upgrades
- Intercede with issues of inconsistent data availability e.g., lack of education and training of private providers by HIE
- Ensure optimal performance times as new partners are added

Post Implementation

- After initial implementation
 - VHA IdM Team – track and resolve non-correlation issues, with local MVI coordinator as needed
 - VLER Health National Team – perform quality review of system performance on an on-going basis
 - VLER Health National Team – perform Production Validation for quality and quantity of C32 data displayed in VistAWeb

Technical Team

Pre-Implementation

- Ensure that community partner has achieved ONC certification
- Submit technical survey to the HIE / Provider Health System for completion
- Review results of survey with partner to resolve issues
- Set up automated testing tool includes VistA Web style sheet requirements
- Confirm successful VA partner testing
- Ensure, before kick-off, that data is available for sharing
- Verify quantity / quality of data elements shared by partner
- Verify that VAMC sites have mechanism to notify users that the Veteran is a VLER Health participant
- Enable VAP for all VAMC participating facilities
- Enable VistA Web / eHealth Exchange functionality for all VA participating facilities

Post Implementation

- Respond to any Remedy tickets for technical issues with the VLER Health data exchange or VAP
- Support the VLER Health National Team as they perform production validation for quality and quantity of C32 data displayed in VistA Web

HEALTH RESOURCE CENTER (HRC) HELP LINE

In 2010, HRC agreed to provide call center services to the Veteran via the toll-free VLER Health Information Line, (877) 771-VLER (8537). The goal was to provide the Veteran with a live person to answer their VLER Health questions and to avoid the frustration that can accompany an automated answering system. HRC provides dedicated staff to support VLER Health. HRC has implemented a Knowledge Based script to assist their staff in answering Veteran requests for additional information <http://vahrcweb4/instantkb12/article.aspx?id=12795>. They are able to answer questions such as “How do I sign up” and “Where can I mail my authorization form?” They work in concert with the facility as needed and are key in providing the best resolution for our Veterans.

If there is a question that HRC cannot answer, they email the pertinent issue and Veteran’s contact information to the VLER Health contact persons at the VAMC facility. The VAMC contact person is to reply to the Veteran within seven (7) days.

HRC’s primary line of business is contact management support for Veterans, family members and members of the general public, and Payroll administration services for selected organizations within the VA. The HRC has been very supportive of the VLER Health initiative.

SUMMARY OF VAMC VLER HEALTH ROLES

It is important to include the Veterans Integrated Service Network (VISN) leadership in the decision to proceed with the implementation of a local VLER Health project and to keep them involved in progress toward the go-live.

The next section lists the roles and responsibilities (activities), and special considerations of individuals within a participating site in the VLER Health community implementation. *Information in this section is based on past experience and could change based on a specific site's organization and personnel structure.* It is recommended that leadership hold a formal kickoff meeting to review the roles and responsibilities of implementing VLER Health in the facility.

- VISN Director, VISN Chief Medical Officer (CMO), VISN Chief Information Officer (CIO), VISN Information Security Officer (ISO)
- VAMC Director / Associate Director
- Chief of Staff (COS)
- Clinician Leaders / Champions
- Clinical Informaticists
- Chief of Health Administration Services
- Associate Director, Patient Care Services
- Chief of Health Information Management (CHIM)
- VLER Health Facility Lead
- Privacy Officer (PO)
- Local Information Technology (IT) Support / Facility Chief Information Officer
- Clinical Application Coordinator (CAC)
- My HealthVet (MHV) Coordinator
- Local Healthcare Identity Management (HC IdM), Master Patient Index (MVI) Coordinator
- Public Relations / Public Affairs Officer (PAO) and Staff
- Local Union Representatives
- Rural Health
- OEF / OIF Coordinator

Leadership commitment is essential to the success of this Veteran benefit. Implementation of VLER Health requires the cooperation of many departments, with overall management of the consent directives (authorizations, revocations, and restrictions) and disclosures under the auspices of the HIM department.

VISN Director, VISN Chief Medical Officer (CMO), VISN Chief Information Officer (CIO), and VISN Information Security Officer (ISO)

Sponsorship by VISN Leadership is vital to the achievement of the VLER Health / eHealth Exchange implementation project. They act as the regional sponsor for the project and ensure that the VAMC facility staff is on board and have the resources to support the project. The below individuals are encouraged to:

- Sponsor implementation of the project at the VISN level;
- Ensure VAMC Director has resources;
- Provide support to VAMC implementation sites as needed;
- Receive status updates;
- Participate in public communication events as appropriate; and

- Support future VLER Health Communities.

VAMC Director / Associate Director

Support and championing by the VAMC Director is **critical** to the success of the VLER Health / eHealth Exchange implementation. The Director / Associate Director is the local sponsor for the project and the VA voice with all local community partners, and has direct contact with VA leadership. Despite efforts to minimize its impact, implementing the VLER Health benefit will increase workloads of the ROI and Enrollment staff to some degree. The Director / Associate Director will ensure that staffing levels are adequate to support this project. The VAMC Director / Associate Director is encouraged to:

- Sponsor local project;
- Work synergistically with local initiatives and the Department of Health and Human Services (HHS) Health IT Regional Extension Centers (HITREC);
- Designate all staff to be familiar with VLER Health and promote participation at every opportunity;
- Ensure VLER Health is part of the VAMC's Strategic Plan;
- Attend kickoff meeting;
- Appoint VLER Health Facility Lead;
- Introduce project to all local stakeholders;
- Approve go-live; and
- Communicate progress of implementation with VISN Director.

Chief of Staff (COS)

The support and championship of the VAMC Chief of Staff is critical to the successful use by clinicians of the VLER Health / eHealth Exchange data. The Chief of Staff is encouraged to:

- Attend kickoff meeting;
- Identify Clinician Leaders / Champions;
- Promote clinician viewing of VLER Health data; and
- Forward user suggestions for enhancement to national VLER Health team.

Clinician Leaders / Champions

Clinician early adopters and leaders serve as champions for the adoption of VLER Health at the facility. These clinicians will be involved more closely with the local VLER Health implementation plan than the larger end-user community and will assist in determining targeted super-users and training initiatives. They will provide feedback to and from providers regarding usability, data quality and desired enhancements. Clinician Leaders / Champions are encouraged to:

- Attend kickoff meeting with VAMC Medical Director;
- Champion the project;
- Be available as needed as subject matter experts;
- Promote use of VLER Health with clinicians and Veterans; and
- Give feedback for future enhancements.

Clinical Informaticists

Clinical Informaticists are professionals with a clinical background and who have extensive clinical applications knowledge and expertise. The local Informaticist plays a critical role in implementing new VLER Health communities. S/he has a global understanding of anticipated issues and solutions. S/he facilitates contacts with and training of groups within the VAMC, including clinicians and the ROI Office.

Chief of Health Administration Services

HAS is the focal point and the single accountable authority for the development of administrative processes, policy, regulations, and directives associated with the delivery of VA health benefit programs. At the VA medical center level, services may include a multiplicity of administrative / clerical functions essential to the effective, overall management of inpatient and outpatient care.

The enrollment area is the **primary** site appropriate for the enrollment of Veterans into the VLER Health system. The Chief of HAS must be involved as part of leadership prior to kickoff to ensure adequate staffing and procedures within enrollment and eligibility to ensure sustainability of the VLER Health program with new Veterans and those meeting annual means testing requirements. The Chief of Health Administrative Services is encouraged to consider the following areas as potential areas for Veteran enrollment:

- Health Benefits Section – Centralized Registration Unit
- Health Benefits Section – Outpatient Registration
- Emergency Care Area (ER)
- Non-VA Care Coordination
- Ward Administration Section
- OEF / OIF

Associate Director, Patient Care Services

The Associate Director of Patient Care Services needs to have an awareness of the VLER Health program and the departments involved in their facility. Additionally, the Associate Director will provide guidance for Veteran enrollment and clinician education.

Chief of Health Information Management (CHIM)

The Health Information Management Department is commonly the owner of the VLER Health enrollment process as it is the “custodian of the health record.” Although other departments may be more appropriate to solicit enrollment into the VLER Health program, the Release of Information (ROI) office within HIM is designated the primary responsibility for managing disclosures and entry of authorizations into the Veterans Authorizations & Preferences (VAP) system. The Chief of HIM must be involved as part of leadership prior to kickoff to ensure adequate staffing within ROI, and to ensure sound HIM processes are maintained throughout the project and beyond. The CHIM is encouraged to:

- Review local and national Health Information Management (HIM) policies and procedures as they pertain to implementation of the VLER Health program;
- Review and adapt authorization process workflow to meet facility needs;
- Designate staff to perform VLER Health processing tasks;
- Review and update ROI VLER Health Enrollment SOP, as appropriate, for site adaptation;
- Process VLER Health eHealth Exchange authorization forms;
- Refer demographic and identity discrepancies to Healthcare Identity Management (HC IdM) / Master Veteran Index (MVI) or Privacy Officer per policy;
- Research signature verification if not available in VistA Imaging;
- Utilize VAP system for updating eHealth Exchange status and running reports;
- Process revocation requests;
- Report accounting of disclosures; and
- Communicate with national VHA Health Information Management Program Office regarding issues related to VLER Health program, as needed.

VLER Health Facility Lead

The VLER Health Facility Lead is appointed by the VAMC Director to support, coordinate, and champion the implementation of VLER Health at the facility. S/he is the point of contact for the VAMC, the National VLER Health Team and, depending on site, all local community partners. The VLER Health Facility Lead has an understanding of anticipated issues and solutions and is the “go to” resource. S/he coordinates effort around training of users, awareness for all staff and Veterans, and coordinates efforts for paperwork processing within ROI. The VLER Health Facility Lead is encouraged to:

- Serve as the Primary Point of Contact to and from the National VLER Health Team;
- Facilitate communication with the national VLER Health Team on all Health Resource Center (HRC) related activities such as designating a point of contact and backup contact for HRC referrals;
- Establish relationships with each of the exchange partners, referring problems to the national VLER Health Team for resolution;
- Represent local VAMC facility at regional meetings partners may initiate;
- Maintain VLER Health information, authorization, and marketing materials;
- If shared patient list is desired, facilitate communication between local Privacy Officer, VLER Health National Team, and the private partner (MOU, list of shared patients, secure exchange, etc.);
- Lead recruitment and enrollment process efforts based on facility’s determination of recruitment method(s);
- Maintain open communication with CAC regarding training tools and future training of software releases;
- Work cooperatively with My HealthVet (MHV) Coordinator;
- Coordinate marketing efforts with Public Affairs Officer; and
- Educate users to follow site procedure for entering Remedy tickets whenever there is a problem with VAP or VLER Health data.

Privacy Officer (PO)

The Privacy Officer must be involved from the kickoff to ensure that privacy policies and processes are maintained throughout the program. This role is not a change to current work duties, but volume may increase. The Privacy Officer is encouraged to:

- If site chooses to use a shared population list, review data extraction of patients and MOU for shared population assessments;
- Communicate with patient if identity traits are ambiguous;
- Coordinate the reporting and accounting of disclosures (VAP) with the HIM ROI office;
- Communicate with national VA Information Access and Privacy Office regarding issues related to VLER Health program, as needed; and
- Participate in initial kickoff meeting.

Local Information Technology (IT) Support / Facility Chief Information Officer

Although most of the eHealth Exchange technical solution is centrally implemented, there are potential VLER Health responsibilities for the local and regional information technology (IT) support teams. The IT Support / Facility Chief Information Officer is encouraged to:

- Provide a point of contact for coordination of efforts between IT groups;
- Install eHealth Exchange-related patches, as required;
- Deploy local package installs.

Clinical Application Coordinator (CAC)

The Clinical Application Coordinator supports the Computerized Patient Record System (CPRS) and VistA Web applications for the eHealth Exchange. The CAC is encouraged to:

- Participate in the kickoff meeting;
- Train end users on accessing eHealth Exchange data in VistA Web;
- Support the VLER Health Program (through training and education of clinicians);
- Implement Clinical Reminders (Walgreens, Non-VA Data) and run the patient list report; and
- Log Remedy tickets when VistA Web eHealth Exchange data is not available, depending on local policy.

My HealthVet (MHV) Coordinator

My HealthVet (www.myhealth.va.gov) is a web-based suite of tools designed for Veterans and their families to optimize Veterans health. Although it is intended for all Veterans, My HealthVet offers additional services to Veterans receiving care at VA health facilities, including the ability to refill VA prescriptions, view VA appointments and lab results, obtain copies of key portions of their VA health records including VA Notes, VA Radiology and Pathology reports and more. My HealthVet also offers Secure Messaging which allows VA patients to electronically communicate non-urgent questions / issues / concerns with their VA health care team. My HealthVet is a powerful tool that can help Veterans better understand and manage their health while the Virtual Lifetime Electronic Record (VLER) Health Exchange, when authorized by the Veteran, provides VA clinical information to their non-VA health care providers. The My HealthVet Coordinator is encouraged to:

- Conduct patient outreach for My HealthVet and VLER Health Exchange;
- Educate Veterans and VA staff on the benefits and differences of My HealthVet and VLER Health Exchange;
- Accept and validate authorization forms for VLER Health Exchange; and
- Educate Veterans on the ability to electronically submit consent directives (authorizations, revocations, and restrictions) via eBenefits.

Local Healthcare Identity Management (HC IdM) / Master Veteran Index (MVI) Coordinator

The local Healthcare Identity Management (HC IdM) / Master Veteran Index (MVI) Coordinator role is to review, approve and implement the demographic changes required to verify that opt-in patients have the most accurate data. The HC IdM / MVI Coordinator is encouraged to:

- Assist the patient matching process by reviewing, approving, implementing changes to the local demographics file, and forwarding HC IdM / MVI issues to national team per policy;
- Support the correlation process; and
- Collaborate with national VLER Health HC IdM / MVI staff, as needed.

Public Relations / Public Affairs Officer (PAO) and Staff

Public Relations / Public Affairs Officer and staff members are involved in communication activities. They are briefed about the project at the kickoff meeting and coordinate with the VISN and National Communication and Public Relations groups. The Public Relations / PAO and staff are encouraged to:

- Attend initial kickoff meeting;
- Create communications plan / strategy at the local community level (see Appendix B);

- Coordinate and approve VLER Health communication documents at the local level, including the VLER Health Fact Sheet, local VLER Health webpage, and other VLER Health publications;
- Work in coordination with the VISN PAO and VHA Office of Communication;
- Participate in local and national communication activities including updates to Veterans Services Organizations (VSOs) and communication to pertinent local and Congressional leaders;
- Share progress updates with VAMC and VISN leadership; and
- Plan media events and press releases (See Appendix B).

Local Union Representatives

Local union representatives should have an awareness of the VLER Health project and be kept up to date as implementation proceeds.

Rural Health Coordinator

Currently, 3.1 million rural Veterans are enrolled in the VA system. This represents 36% of the total enrolled Veteran population based on the 2010 US Census. Men and women Veterans from geographically rural areas make up a disproportionate share of Servicemembers and comprise about 31% of the enrolled Operation Enduring Freedom and Operation Iraqi Freedom (OEF / OIF) Veterans, many of whom are returning to their rural communities. The mission of Office of Rural Health is to improve access and quality of health care for all Veterans through a combination of community-based clinic expansion, increased partnerships with non-VA rural providers, increased use of telemedicine and information technology. VLER Health is well suited to assist Rural Health in meeting their goals. The Rural Health Coordinator is encouraged to:

- Provide guidance to VLER Health leads to conduct patient outreach;
- Educate Veterans of the benefits of VLER Health and the Rural Health program; and
- Accept and validate authorization forms for VLER Health.

OEF / OIF Coordinator

The OEF / OIF Coordinator reaches out to Servicemembers before they leave the service to inform them of benefits and other VA programs. OEF / OIF Coordinator may add VLER Health to patient outreach program. The OEF / OIF Coordinator is encouraged to:

- Educate Veterans of the benefits and programs, including VLER Health; and
- Accept and authenticate authorization forms for VLER Health.

PRIVATE SECTOR PARTNER ACTIVITIES

VA Medical Centers (VAMCs) / VA Healthcare Systems (VA HCSs) may have private sector partners who have joined Healthway and are actively exchanging data over the eHealth Exchange. All VAMCs / VA HCSs already have the ability to view non-VA Veteran health data from eHealth Exchange private sector partners nationwide.

The VLER Health National Office will initiate verification of readiness, technical testing and business operations review before actively involving the local VAMC. After kickoff, the facility director or designee will maintain a working relationship with their private partners to ensure on-going activity, problem identification, and referral to national office as needed. The Partner is encouraged to:

- Complete the VLER eHealth Exchange Business Readiness Survey;
- Engage in all VA technical testing requirements after successful Healthway onboarding;
- Collaborate with VA Partner Integration Team on all planning and testing activities prior to local

- level involvement;
- Designate private sector clinical champions at health care facilities and provider sites; and
- Educate private sector clinicians on Veteran enrollment and accessing eHealth exchange data.

NATIONAL TEAM AND VAMC IMPLEMENTATION ACTIVITIES

The VLER Health National Team will work with each VAMC facility to implement the VLER Health Exchange project. The VLER Health National Team will ensure that the private partner has met all technical, functional, and provider training requirements for participation and that interoperability has been established.

VLER Health National Team Implementation Roles and Responsibilities

- Verify that Private Partners participating with the Health Information Exchange (HIE) are actively involved, have designated clinical champions, have the ability to view VA data in their electronic health record, and have a training plan;
- Ensure technical systems are functional and exchanging quality data;
- Meet with VAMC facility staff members to discuss roles and responsibilities;
- Consult with facility regarding enrollment activities;
- Coordinate implementation at the VAMC / VA HCS;
- Provide ongoing support and education - <http://vaww.vistau.med.va.gov/VistaU/vler/default.htm>; and
- Train ROI staff on VAP and authorization process.

Local VAMC Facility Recommended Implementation Activities

- Facility leadership is encouraged to support VLER Health implementation at their VAMC / VA HCS;
- Assign responsibilities:
 - Designate a local POC for the VLER Health National Team
 - ROI staff to accept and process authorizations, and enter authorizations into the VAP system
 - Identify appropriate locations for patient enrollment and authentication
 - Suggested methods of recruitment (see Appendix A)
- Approve and implement VLER Health communication documents (Public Affairs Officer):
 - VLER Health Communication Plan, VLER Health Fact Sheet, local VLER Health web page, VLER Health brochure
 - Provide overview material to entire VAMC staff (newsletters, Web sites, all staff email, etc.)
 - Alert Congressional Staffs to participation in VLER Health

COMMUNICATION PLAN

A sample Communication Plan will be provided to the local Public Affairs Officer (see Appendix B). It is recommended that this document be customized and executed locally (see Public Relations / Public Affairs Officer (PAO) and Staff). The VLER Health national team has contacted every VISN, notifying them of the VLER Health program and the ability of all VAMCs to access non-VA data. The PAO will ensure local and regional civic leaders are aware of VLER Health program activities. The Communication Plan describes the following:

- Communications needs for VLER Health
- Recommended marketing tools for VLER Health implementation;
- Recommended timing of communications;
- Managing communications is a three-step process:
 - Identify stakeholders
 - Determine information needs and communication approach
 - Produce and distribute communication materials
 - Manage expectations

The VLER Health National Team has several recommended communication tools; VLER Health Fact Sheet, VLER Health website template, VLER Health brochure. See other examples of communication and marketing tools in Appendix B.

IMPLEMENTATION CHECKLIST

This checklist is a quick reference to tasks that the site staff members may wish to consider during the VLER Health implementation.

#	✓	TOPIC	RESPONSIBILITY	COMMENTS
1.		Conduct kickoff: Introduce the VLER Health project to the facility	VAMC Director	It is recommended that as many personnel as possible representing the roles and responsibilities associated with VLER Health attend the kickoff to ensure their awareness of the program and the potential impacts to their area.
2.		Attend at least one of the regularly scheduled HIMs / ROI /Privacy presentation	HIM Chief	Attendees should be: HIM Chief, Privacy Officer and any designated ROI staff who will be enrolling Veterans.
3.		Identify key personnel who should have an awareness of the VLER Health implementation process	VLER Lead	My HealthVet Coordinator, CACs, HIM Chief, ROI Supervisor, Identity Management, Privacy Officer, MVI Coordinator, ISO and any leadership who could not attend the kickoff.
4.		Invite key personnel to monthly VAMC communication call	Community Coordinator	Recommended attendees: HIM Chief, VLER Health Lead.
5.		Identify individuals who require VAP access and complete application	HIM Chief	Work with VLER Health team to complete application forms.
6.		Notify Health Resource Center (HRC) that your site is actively recruiting Veterans for the VLER Health program before the community is informed or before any press release	Community Coordinator (LeAnn Roling)	HRC needs to have the email address of primary and secondary points of contact. If the HRC operator cannot answer the Veteran’s question, they will email the facility site contacts.
7.		Notify local and Congressional offices of pending implementation; notify Veterans and the community about VLER Health (press release)	Public Affairs Officer (PAO)	See Appendix B for a list of recommended communication strategies.
8.		Customize VLER Health Fact Sheet	PAO	VLER Health team will provide a customizable template.
9.		Create local VLER Health webpage on local VAMC website	PAO	VLER Health team will provide a customizable template.

#	✓	TOPIC	RESPONSIBILITY	COMMENTS
10.		Once webpage is complete, send all staff email notifying VA staff and clinicians of VLER Health project, new VLER webpage and how to access non-VA data in VistA Web	PAO	All staff email should include CBOCs and all outlying clinic staff.
11.		Identify enrollment opportunities	VLER Lead / HIM Chief, PAO	Enrollment locations throughout facility and at outside events.
12.		Based on the Communication Plan, identify appropriate marketing materials and social network tools	PAO	See Communication Plan recommendations.
13.		Review implementation tools	VLER Lead / HIM Chief	VistaU training website, VLER Health Implementation Task List, VLER Health Implementation Guide, Health Summaries Non-VA PowerPoint and Pocket Card, VLER Health webpage template, VAP application, and the VAP Authorization processes (used to enroll Veterans).
14.		Review clinical reminders education	CACs	Clinical reminder education available for non-VA data, Walgreens data, and patient reports.
15.		Integrate VAP application processes into Release of Information (ROI) workflow	HIM Chief	Because each facility has different workflows, review documents found on the VistAU page (entering Veteran Authorization forms) and utilize the VAP process reference guide that most closely suits the needs of your facility.
16.		iMed Consent	HIMs	If iMed Consent is available at your VAMC, consider requesting the VA form 10-0485 to be loaded. iMed Consent can be used to collect signatures on authorization forms which are loaded automatically into VistA Imaging, removing the need to scan forms. The patient will still need to be opted-in through VAP.

APPENDIX A: Enrollment Methods

#	Recruitment Method	Pros	Cons
1.	Mail Out – letter, authorization form	<ul style="list-style-type: none"> Large number of Veterans can be reached at once 	<ul style="list-style-type: none"> Costly & labor intensive If demographics are not current, large return to sender response
2.	Follow-up Mail Out Reminders	<ul style="list-style-type: none"> Reminds Veterans to return forms that have been mailed 	<ul style="list-style-type: none"> Costly & labor intensive Requires tracking of what was sent and what has been returned
3.	In-Person Enrollment	<ul style="list-style-type: none"> Veterans appreciate one-on-one interaction Identity can be confirmed immediately (vs. comparing signature in VistA Imaging later) iMed Consent can be used to file authorization directly into record 	<ul style="list-style-type: none"> Can be time consuming Requires staff education
4.	Clinics	<ul style="list-style-type: none"> Reaches Veterans as they visit clinicians 	<ul style="list-style-type: none"> Requires buy-in and training for clinic staff
5.	New Patient Enrollment Packet	<ul style="list-style-type: none"> Logical introduction of VLER Health since it is the initiation of Veteran into VHA benefits Number of enrollments will be steady and consistent 	<ul style="list-style-type: none"> Veterans may be overwhelmed with the amount of information shared
6.	New Patient Orientation	<ul style="list-style-type: none"> Reinforces previous enrollment information 	<ul style="list-style-type: none"> Orientation sessions may not be well attended
7.	My HealtheVet	<ul style="list-style-type: none"> VLER Health can be added to the current process for My HealtheVet enrollment and authentication 	<ul style="list-style-type: none"> Requires coordination with MHV staff
8.	Admissions packets	<ul style="list-style-type: none"> VLER Health packet can be added to information given to new patients being admitted for care 	<ul style="list-style-type: none"> Some sites do not have admission packets
9.	ROI / HIM	<ul style="list-style-type: none"> Ideal place to inform Veterans of benefits of VLER Health Identity and form verification is already taking place iMed Consent can be used 	<ul style="list-style-type: none"> Requires coordination and staff training
10.	Rural Health and CBOC	<ul style="list-style-type: none"> Enroll Veterans in VLER Health through CBOCs in rural locations 	<ul style="list-style-type: none"> Some private hospitals in rural areas may not have ability to participate

APPENDIX B: Suggested Communication Strategies and Worksheet

There are several stages for communicating VLER Health to your staff and Veterans. First is the initial “get out the word” initiative (Immediate Implementation). Once things are up and running, Phase 2 focuses on secondary targets and areas that require more time and coordination to implement. Phase 3 brings in more sophisticated methods and / or long-term methods. The last column signifies those efforts to sustain momentum or to re-evaluate their need and effectiveness. Some delivery modes will need to be routinely updated refreshed or evaluated as to need.

STRATEGY	IMMEDIATE IMPLEMENTATION	Phase 2 3-6 Months	Phase 3 6-12 Months	ROUTINE UPDATES or RE-EVALUATION QUARTERLY (Q) / SEMI-ANNUAL (S) / ANNUAL (A)
MARKETING MATERIALS				
Tri-folds	X			A
ROI Inserts		X		A
Fee Basis Inserts		X		A
Flyers	X			Q
Posters	X			Q
Pharmacy Handout (in Rx Bag)		X		A
Appt Reminder cards		X		A
Screen Saver		X		S
On-hold Message			X	A
EXTERNAL MEDIA				
Local News Story	X			Q
Quarterly Publication/Newsletter		X		Q
Veteran TV Newscast	X			Q
Radio Interview		X		S
Press / Advisory Releases	X			Q
Public Service Announcements		X		S
MEETINGS (Internal)				
Leadership Meetings	X			Q
Resident MD Orientation	X			A
New Employee Orientation	X			A
All Service Staff Meetings	X			A
Town Halls	X			S
Lunch & Learns	X			S
All Outreach Staff		X		Q
Outreach (External)				
Veteran Health Fairs			X	A
My HealthVet Joint Events	X			Q
VSO Organizations / Activities	X			Q
Outreach (External) cont.				

HIE Partner Meetings	X			Q
Senior Centers			X	A
Consumer Advisory Board			X	S
Rural Health			X	S
NASCAR Event			X	A
Senatorial Aide Briefing	X			A
State and County Fairs			X	A
Stand Down Event	X			A
Electronic Media				
Twitter			X	S
Facebook			X	S
My HealthVet	X			Q
APP			X	S
Facility Intranet Website		X		S
Facility Internet Website		X		S
National VLER Website	X			A
Internal TV Boards	X			Q
Marquee	X			Q
YouTube			X	S
Kiosks	X			Q

COMMUNICATION WORKSHEET					
Stakeholder Group	Methods We Use to Communicate with Veterans	Method <u>Veterans</u> can Use to Communicate with Us	What Information Do We Want to Share	Person Responsible	Start Date
Veteran Patients & Families					
Providers					
Employees					
Private Partners, DoD, etc.					
Government Officials (Local, National)					
External to System					

GLOSSARY

ANR	Automated Notification Reporting
BRD	Business Requirement Document
CAC	Clinical Application Coordinator
HIM	Health Information Management
CITL	Center for Information Technology Leadership
CMS	Centers for Medicare & Medicaid Services
DoD	Department of Defense
DURSA	Data Use and Reciprocal Support Agreement
HER	Electronic Health Record
EIE	Enterprise Infrastructure Engineering
EPMO	Enterprise Program Management Office
FAQ	Frequently Asked Questions
FHA	Federal Health Architecture
HC IdM	Healthcare Identity Management
HITSP	Health Information Technology Standards Panel
HDR	Health Data Repository
HEC	Health Eligibility Center
HHS	Department of Health and Human Services
HIE	Health Information Exchange
HIM	Health Information Management
HITECH	Health Information Technology for Economic and Clinical Health
HITREC	Health IT Regional Extension Centers
HRC	Health Resource Center
ICIB	Intra-agency Clinical Informatics Board
IPO	Interagency Program Office
IPT	Integrated Project Team
IRB	Institutional Review Boards
IRM	Information Resources Management
IT	Information Technology
KP	Kaiser Permanente
MHV	My HealthVet
MVI	Master Veteran Index
NT&EO	National Training & Education Office

NHIE	Nationwide Health Information Exchange
OCLA	Office of Congressional & Legislative Affairs
OED	Office of Enterprise Development
OHI	Office of Health Information
ONC	Office of the National Coordinator
OPIA	Office of Public and Intergovernmental Affairs
PHR	Personal Health Record
PKI	Public Key Infrastructure
PMAS	Project Management Accountability System
POC	Point of Contact
PSP	Private Sector Partners
PIV	Private Identity Verification
RDV	Remote Data View
ROI	Release of Information
RPC	Remote Procedure Calls
SOP	Standard Operating Procedure
SSA	Social Security Administration
UAT	User Acceptance Testing
VA	Department of Veterans Affairs
VAMC	VA Medical Center
VAP	Veterans Authorizations & Preferences
VHA	Veterans Health Administration
VistA	Veterans Health Information Systems and Technology Architecture
VLER	Virtual Lifetime Electronic Record
VPN	Virtual Private Network
VSO	Veterans Service Organizations

HELPFUL WEBSITES

#	Description	Website
1	Direct Project	http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_direct_project/3338
2	eBenefits	https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal
3	National VLER Website	http://www.va.gov/vler/
4	Nationwide Health Information Network (eHealth Exchange)	http://healthit.hhs.gov/portal/server.pt?open=512&objID=1142 parentname &=CommunityPage&parentid=4&mode=2
5	Office of Informatics and Analytics	http://vaww.vhaco.va.gov/oia/
6	Office of the National Coordinator for Health Information Technology (ONC)	http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_home/1204