



Usability Present and Future

Current Practice and Future Plans for Usability Experience: “Industry Perspective” for the Department of Veterans Affairs

SHARPC AMIA Pre-Symposium

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ABOUT THE VETERANS HEALTH ADMINISTRATION (VHA)

- 6 million patients treated in 2010
- More than 1,600 sites of care, including:
 - 152 hospitals
 - 974 outpatient clinics
 - 133 community living centers
 - 288 Vet Centers (VAST Numbers as of 3rd quarter FY11)
- 244,000 employees; more than 20,000 physicians and 53,000 nurses
- More than 75 million outpatient visits in 2010
- Nearly 680,000 inpatient admissions in 2010
- Affiliations with more than 1,200 educational institutions
- More than 100,000 health care students receive clinical training from VA each year

ABOUT VHA

- Patient records: 23.4 million
- Clinical Documents: 1.74 billion + 1.1million per day
- Physician orders: 2.85 billion + 1.4 million per day
- Average “cover sheet pulls” per hour: 220,932

HISTORY OF COMPUTING IN VHA

- Pre – Graphical User Interface (GUI) Era; Departmental Systems 1978
- Decentralized Hospital Computer Program (DHCP) 1981
- Veterans Health Information Systems and Technology Architecture (VistA) 1994
- Computerized Patient Record System (CPRS) 1995
- CPRS GUI 1997
- Remote Data Views 2001
- Inter-facility Consults 2002
- Department of Defense Federal Health Information Exchange (DoD-FHIE) 2003
- My HealthVet Personal Health Record (PHR) 2003
- DoD-Bidirectional Health Information Exchange (BHIE), Non VA Med Entry 2004
- VistAWeb 2005
- Remote Image Views 2006
- Remote order checks/ Remote Data Interoperability - Clinical/Health Data Repository (RDI-CHDR) 2007
- Virtual Lifetime Electronic Record (VLER) Pilot 2009

VistA / CPRS TODAY

Computerized Patient Record System

- **VistA** = Veterans Health Information Systems and Technology Architecture
 - 150+ separate business software applications that support day-to-day activities of health care
- **CPRS** = Computerized Patient Record System
 - Graphical User Interface to Multimedia Electronic Health Record
- Delivers an **integrated** record covering all aspects of patient care and treatment
- Immediately available real time, supports both continuity and longitudinal patient-centric care across continuum
- Includes electronic order entry and management, narrative notes entry, laboratory results display, consultation requests, alerts of abnormal results, and much more
- “Remote Data View” and “VistAWeb” allow clinicians to see health data from any other VA facility where the Veteran has received care



MULTIMEDIA ELECTRONIC MEDICAL RECORD

Vista_Imaging_System

File Options View Reports Help Testing

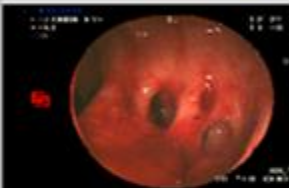
Patient: _____ Images

NON-VETERAN (OTHER)


Image listing

#	PROC. DATE	PROCEDURE	SHORT DESC
1	1998 - 03/24	COL.	SIGMOID COLON DIVERTICULA
2	1997 - 07/28	GEN. MED.	X-RAY CHEST SINGLE VIEW 7/28/97
3	1997 - 07/28	COL.	COLON 7/28/97
4	1992 - 12/24	GEN. MED.	BLEEDING SCAN FOR POSSIBLE GI BLEED 12/24/92

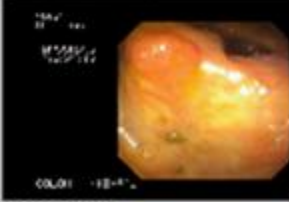
Abstracts



1 SIGMOID COLON DIVERTICULUM
COL. 1998 - 03/24 - Group



2 X-RAY CHEST SINGLE VIEW
GEN. MED. 1997 - 07/28



3 COLON 7/28/97
COL. 1997 - 07/28

Vista CPRS in use by: _____

File Edit View Tools Help

Visit Not Selected Primary Care Team Unassigned

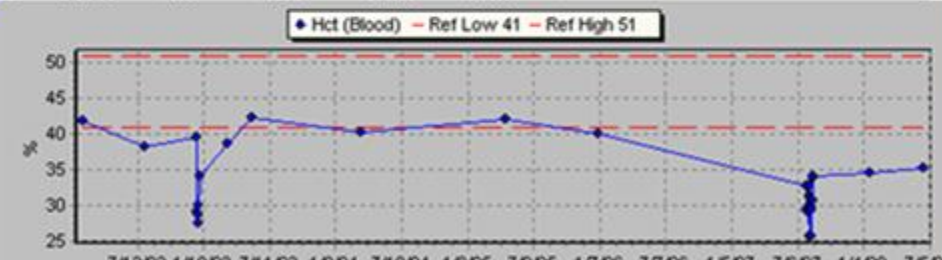
Lab Results Laboratory Results - Worksheet - All Results

Table Format
 Horizontal
 Vertical
 Other Formats: Comments Graph

Abnormal Results Only 30 Values

Date/Time	Specimen	HCT	HGB	MCV	PLT	WBC
06/18/98 00:00	Blood	35.3 L	11.4 L		276	7.1
01/21/98 00:00	Blood	34.6 L	11.6 L	90.4	276	8.1
01/21/98 00:00	Blood	34.6 L	11.6 L	90.4	282	8.1
08/17/97 00:00	Blood	34.1 L	11.3 L	90	549 H	13.7 H
08/16/97 00:00	Blood	33.9 L	11.4 L	89.2	605 H*	15.2 H
08/15/97 00:00	Blood	30.8 L	10.4 L	89	559 H	14.5 H
08/14/97 00:00	Blood	30.7 L	10.2 L	90.7	544 H	18 H
08/13/97 20:36	Blood	30.7 L	10.3 L	89.1	538 H	21.5 H
08/13/97 04:06	Blood	25.7 L*	8.4 L	90	559 H	20.1 H
08/12/97 04:44	Blood	29.4 L	10 L	88.7	596 H	21.6 H

Hct (Blood)



KEY: "L" = Abnormal Low, "H" = Abnormal High, "*" = Critical Value, "*" = Comments on Specimen

CURRENT VistA/CPRS USABILITY CHALLENGES

- Electronic representation of paper chart
- Dated infrastructure and technological approach
- Challenges in rapid change
 - Clinical practice
 - Technology advances
 - User demands
- Personalized care orientation – need integration of data from multiple sources, not just VA
- Clinical decision support enhancements

PRINCIPLES OF HEALTH INFORMATICS REDESIGN

Robert L. Jesse, MD, PhD, Principal Deputy Under Secretary for Health

- 1. If data is important enough that it is needed to manage the patient and/or the system, then it must be acquired as an integral part of the work process and not through retrospective data collection.***
 - Data should be acquired in real-time, and in concert with the documentation of clinical activities.
- 2. Solutions must make the work easier and not impose undue burden or re-work.***
 - Technology must facilitate the workflow, but not drive it.
- 3. Real-time visibility into the system must be available, and it must be transparent across the enterprise.***
 - Manage all patient-health system interactions (e.g. location and times, waits and delays); manage patient-staff relationship (e.g. handoffs); manage all tests and procedures in real-time (from scheduling to completion with concurrent documentation)
- 4. To deliver evidence-based care we must have evidence-based management.***
 - Clinical and Administrative processes support
- 5. To effectively manage the delivery of evidence-based care we must manage complexity***
 - Data>Information>Knowledge>Wisdom

IMPROVING USABILITY: PRINCIPLES OF COGNITIVE SUPPORT

- Designing and developing an Electronic Health Record (EHR) that effectively provides cognitive and work process support requires an understanding of the key dimensions of cognition that require support in a busy, healthcare environment
 - Goal-based processing
 - Support for both planning and action (Decision-making)
 - Supporting an Accurate Situation Model of the patient
 - Support for establishing common ground across the team
 - Support for adaptive control of information environment

CORE EHR VALUES

- Single points of entry and recording
- Integrated information and context sensitive flexible displays
- Interdisciplinary and team based
- Customizable
- Intuitive and usable
- Technical quality
- Integrates evidence-based information
- Supports task management

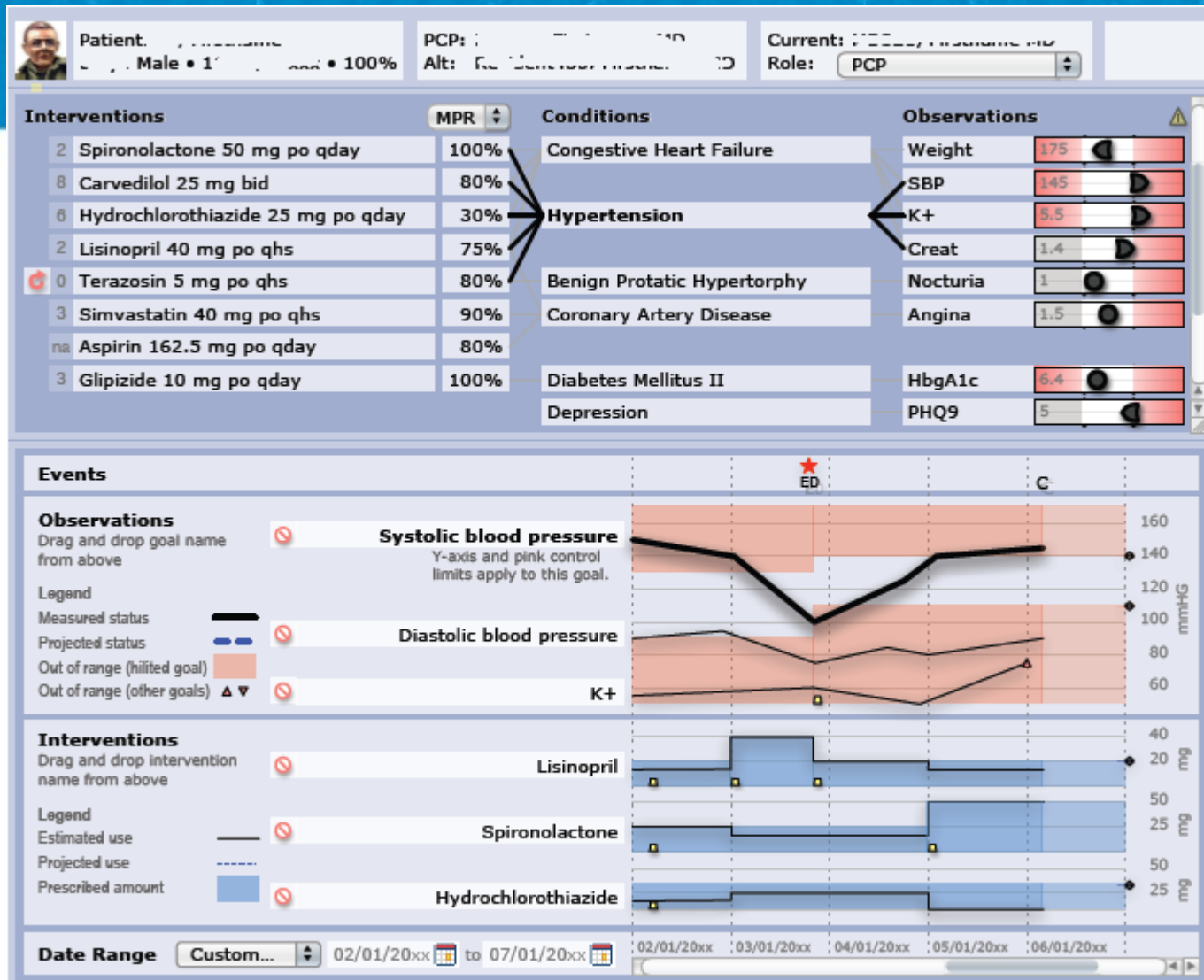
USABILITY: WHERE WE GO FROM HERE

- Understand workflow and re-engineering opportunities as components of usability requirements
- Agile development is needed
 - Usability is in the eye of the user
 - Cannot always anticipate the issues
 - Create the collaborative development environment to be more responsive to users
- Attention to infrastructure to support enhanced usability

USABILITY: WHERE WE GO FROM HERE cont.

- VA Major Transformation Initiative: Transforming Health Care Delivery through Health Informatics Initiative (hi²)
 - Provides a succession plan to transition CPRS to the next generation of browser-based EHR
 - Promotes agile development model involving clinical subject matter experts throughout the software development lifecycle
 - Develops the health informatics workforce and enhances organizational informatics literacy through competency, career and community development
- Interagency Electronic Health Record (iEHR)
 - Collaborative Initiative between the Department of Veterans Affairs and the Department of Defense
 - Will create an open standards-based environment for development

A CONCEPTUAL VIEW: MEDICATIONS



QUESTIONS?

Contact Information

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VETERANS HEALTH ADMINISTRATION