



OI News You Can Use

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Craig's Corner

BZ to All!

Hands down, this is one of my favorite times of year. There is good cheer and a collective spirit that warms hearts. It's also a time for celebration. As I reflect on our 2008 successes, we have many reasons to celebrate.

The highlights below are merely a glimpse of our accomplishments this year -- and all this was achieved as OI ranked near the highest in overall job satisfaction in the All Employee Survey and achieved "best in class" for VACO chief officer and staff.

- Launched an Active Duty Service Center in June 2008 based on feedback from OEF/OIF veterans for more seamless access to VA health benefits and other services.
- Drove resolution of major performance improvements for high interest programs including National Teleradiology Program (NTP), Home Telehealth, Rural Health and Replacement Scheduling Application.
- Launched the My HealthVet Learning Center in cooperation with DoD to bring three mental health modules to veterans.
- Launched development of field-based Innovation Program.
- Accomplished key health data sharing initiatives for Congressionally-driven requirements to increase VA/DoD interoperability and data-sharing capabilities such as Bidirectional Health Information Exchange (BHIE), Federal Health Information Exchange (FHIE) and Clinical Data Repository/Health Data Repository (CHDR).
- Attained Green rating in Progress on the President Management Agenda (PMA) scorecard submission for Health Information Interoperability.

One of my greatest rewards as a chief officer is that I am also a veteran patient. As a veteran, I am proud of the accomplishments you've achieved for the Office of Information, the Department of Veterans Affairs and more importantly, for all us veterans.

American statesman and retired four-star Army General Colin L. Powell said, "Success is the result of perfection, hard work, learning from failure, loyalty and persistence." Because you have done all of the above, we can celebrate the close of 2008 with pride.

I look forward to an even better 2009 and salute you with the highest honor. You should be proud, as I am, of your longstanding commitment and unwavering support of our nation's veterans.

BZ! To all!

Craig B. Luigart
Chief Officer, VHA Office of "Health" Information (and the Resident Patient)

Bravo Zulu or 'BZ' is the Navy flag signal flown from one ship to another signaling a job well done. It is a traditional salutation by senior officers with staff and peers in letters of commendation and letters of appreciation.

Secretary Peake Visits Suicide Hotline Center

Secretary Peake received a first-hand look at the new Suicide Hotline application while visiting the Suicide Hotline Center in Canandaigua, New York. The software is currently in site testing and consists of two web-based components: 1) a log application used by call responders at the center to track calls, and 2) a response application that enables Suicide Prevention Coordinators at VA facilities to view the logged information, take follow-up action with the veteran and upload responses into CPRS (Computerized Patient Record System) as a progress note.

The software was developed by the Medora development team in Ann Arbor, Michigan in close coordination with the Suicide Hotline Center, Office of Enterprise Development project team for Class III to I development, Office of Mental Health Services and the VHA OI Enterprise Systems Management Office.

From Craig's Rules®

"Leadership is measured by whether you get the mission accomplished."



Downsizing the Use of SSNs

One of VA's top priorities is protecting veterans' and employees' personal and identifiable information. Office of Management and Budget Memorandum 07-16, *Safeguarding Against and Responding to the Breach of Personally Identifiable Information*, directed federal agencies to eliminate unnecessary collection and use of Social Security Numbers (SSNs), and explore alternatives to using them as personal identifiers.

The VHA SSN Working Group, co-chaired by Health Data and Informatics and Enterprise Systems Management Office representatives, is contributing to the Department-wide effort to eliminate unnecessary collection and use of SSNs across VA and by its business partners.

Established in December 2007, the workgroup will conduct a thorough review and assessment of a VHA "holdings" inventory for both operational and technical components, including:

- Applications
- Programs
- Systems
- System displays and outputs
- Forms
- Data collection and/or storage areas
- Class III/local facility-developed software
- Vendor-produced/purchased software
- VHA databases and registries



The VHA SSN workgroup is collaborating closely with stakeholders and business partners to develop a meaningful inventory survey for system business owners and programs. Survey data will be evaluated to determine authorities for collection and use of SSNs and to make informed interim and long-term business decisions related to collection and use of the SSN. Ultimately, the goal is either to reduce, eliminate or potentially replace the SSN with a OneVA unique identifier.

For questions or additional information, please email VHASSNInitiativeQ&A@va.gov.

Innovators and Technology Talent Focus on Future

Innovators from across VA met in South Carolina last month and provided synergy and energy to the innovation partnership of VHA Office of Information and VA Office of Information and Technology. The innovators focused on refining the strategic direction for the Innovation Program and defining and documenting the organizational interfaces necessary for Innovation Program success.

VHA is one of only a few government agencies to receive the prestigious Innovations in American Government Award from Harvard University twice--winning in 2001 for our National Center for Patient Safety and in 2006 for our state-of-the-art health IT system, VistA. In fiscal year 2008 alone, VHA was a repeat award winner for its My HealthVet online personal health record. The Innovation Program is key to continuing innovative advances in VHA's cutting-edge use of technology to provide higher quality, safer and more effective care.

Chief Health Informatics Officer **Linda Fischetti** stated, "The Innovation Program will create cross-administration innovation in 2009, including an environment for field exploration and discovery as well as a plan for targeted, strategic innovation to solve a particular problem." She added, "We are grateful for the time, talent and attention that the participants brought to the meeting which generated value and insight for this activity."

RESCUE Update

The VA RESCUE rollout continues. Here are a few important items to note:

- To ensure the successful transition from the current One-VA VPN solution to RESCUE, OI&T Field Security Operations has extended the final implementation date to March 15, 2009. All VA staff and contractors who access the VA network remotely and do not have an approved waiver will be expected to migrate to RESCUE by that time, using either the RESCUE GFE (Government Furnished Equipment) or RESCUE OE (non-GFE) solution.
- To assist in the transition, RESCUE user training is being developed with estimated availability in late December 2008. The training will be accessible through the VA Learning Management System.
- Support for RESCUE issues and questions may be obtained by contacting the VA Network and Security Operations Center (VA-NSOC) at 1-800-877-4328 or via email at VAINOC@va.gov.

Remember, you can always visit the RESCUE website <https://rescue.vpn.va.gov> for help, updates, instructions and downloads.



The A-B-C's of ICIB, *part II*

In the previous OI newsletter, the article on the Interagency Clinical Informatics Board (ICIB) described the basics of the ICIB using the first few letters of the alphabet – let's recap:

A = Access
 B = Basic Medical Information
 C = Clinicians
 D = Define
 E = Essential Medical Data
 F = Full Interoperability by September 2009

Comprised primarily of clinicians (C), the ICIB is a joint board which recommends the basic medical information (B) that should be shared electronically (A) between VA and DoD.

The 2008 National Defense Authorization Act mandated that VA and DoD achieve "full interoperability" of electronic health records by September 30, 2009. The ICIB is involved in this effort by defining (D) the essential medical data (E) required for full interoperability (F) from a clinical perspective.

For this edition, we'll look at the next set of alphabet clues:

- G = Governance
- H = Health Executive Council (HEC)
- I = Information Interoperability Plan (IIP)
- J = Joint Strategic Plan (JSP) & Joint Executive Council (JEC)

You may wonder who the ICIB makes recommendations to and how this eventually translates into action. The board's recommendations are forwarded through a joint governance (G) structure for approval and execution. The ICIB reports to the Health Executive Council (HEC) which, in turn, reports to the Joint Executive Council (JEC). The JEC is co-chaired by VA's Deputy Secretary and the DoD Under Secretary for Personnel and Readiness.

The councils utilize two key documents that provide a roadmap for the future of joint sharing efforts -- the Information Interoperability Plan (IIP) and the Joint Strategic Plan (JSP).

Thinking Forward – OI Takes Strategic Direction

The Office of Information (OI) has set its sight on the future to ensure VA's health systems have the capabilities and data they need to deliver the highest level of medical care to veterans. Over 30 leadership team members gathered in Reston, Virginia this November to collectively define OI's strategic direction.

Agenda items included an intrinsic look at who we are; what we value; where we are now and what we need to think about for the future. The team conducted an environmental scan to help define who we are as an organization. Areas considered, such as the political, financial, technological and workforce perspectives, will impact and drive our future.

The group then set goals based on our vision, mission and driving forces to determine where efforts should be focused in the next three to five years. Those goals included: communication, workforce development, customer needs and VA/DoD interoperability.

The next steps include:

- Engaging stakeholders to provide feedback on the plan
- Interfacing goals with customers' needs
- Aligning our goals with VA's and VHA's strategic framework

New ICD-10 Codes Improve Care

In August 2008, the Centers for Medicare & Medicaid Services (CMS) issued a Notice of Proposed Rule Making to replace the International Classification of Diseases-9th edition-Clinical Modification (ICD-9-CM) now in use.

In ICD-10, the code sets used to report health care diagnoses and inpatient procedures have been expanded to include new and emerging medical technologies not currently represented.

It is important that the United States begin using ICD-10 for morbidity reporting to ensure international data comparability required to identify new global health threats such as SARS and anthrax. The new codes will support study of specific conditions and options for treatment, foster improved health care quality and enhance evaluation of medical processes and outcomes.

The chart below shows structural differences between the ICD codes sets. VHA is establishing a project team to plan for the ICD-10 implementation, and an informational VHA ICD10 website is in development.

Questions or requests for materials can be directed to mail group: **VHA ICD10 Q&As**.

| Comparison | |
|--|---|
| ICD-9-CM Diagnosis Codes | ICD-10-CM Diagnosis Codes |
| 3-5 characters in length | 3-7 characters in length |
| Approx 13,000 codes | Approx 68,000 codes |
| Example of difference in ICD-9-CM and ICD-10-CM code structure | |
| 896.2 | vs. S98011 |
| ICD-9-CM Procedure Codes | ICD-10-Procedure Coding System Procedure Codes |
| 3-4 numbers in length | 7 alpha-numeric characters in length |
| Approx 3000 codes | Approx 87,000 available codes |
| Example of difference in ICD-9-CM and ICD-10-PCS code structure | |
| 07.69 | vs. 0GT00ZZ |



Study: EHRs May Reduce Malpractice Settlements

From: *Healthcare IT News*
By: Molly Merrill

A new study finds that the use of electronic health records may reduce paid malpractice settlements for physicians.

The study, which appeared in the November 24 issue of *Archives of Internal Medicine*, shows a trend toward lower paid malpractice claims for physicians who are active users of electronic health record (EHR) technology.

The investigators speculate that EHRs may decrease paid malpractice claims for a number of reasons. EHRs offer easy access to patients' history, which may result in fewer diagnostic errors, improved follow-up of abnormal test results and better adherence to clinical guidelines. The clear documentation of care allowed by EHRs can also bolster legal defenses if a malpractice claim is filed.

"The results of this study indicate that preventing medical malpractice claims may be another compelling reason for physicians, practices and policy makers to forge ahead with efforts toward universal adoption and optimal usage of electronic health records," said Harvard University Assistant Professor Steven Simon, senior author of the paper.



What's New?

- Congratulations to **Gail Graham**, VHA's newest selected member of the Senior Executive Service (SES). Gail assumes one of OI's three Deputy Chief Officer (DCO) positions as DCO for Health Information Management.
- Hats off to **Robert Andreev** and **Jeff Sartori** who were recognized by the Under Secretary for Health for their participation in developing and implementing the electronic Patient and VHA Polytrauma centers.

- In the previous *OI News* article about the Emergency Department Integration Software (EDIS), thanks were given to key lead members of the project staff. We'd like to also recognize **Jean Walker**, Office of Enterprise Development (OED) Project Manager, for her contributions and diligence leading the development of EDIS.

Tips to Avoid Laptop and Data Loss



1. **Back up** valuable data before traveling.
2. **Use laptop** recovery and data protection software.
3. **Don't** put your laptop in checked luggage.
4. **Clearly label** your laptop to distinguish it from others at security checkpoints.
5. **Ask** to put your laptop in the hotel safe when you're not using it.
6. **Do not log** on to unsecured wireless networks.
7. **Do not** access financial or bank records while traveling.
8. **Deselect** "remember me" when browsing the Internet.
9. **Clear** your history and cache after using a Web browser.
10. **Be aware** of keyboard loggers/trackers if you are using a public computer.

Informatics: Crossing Disciplines to Affect Change

The Office of Information Chief Health Informatics Office is pleased to announce the launch of the VHA Informatics Council (IC), a new standing subcommittee of the National Leadership Board's Informatics and Data Management Committee (IDMC). Because informatics is defined broadly by VHA stakeholders, the VHA IC will emphasize a cross-discipline approach in the informatics professional community and informatics operations in the medical centers.

The Council, which will serve as both an informatics advocacy group and consultation body, will reach out to VA stakeholders and leaders in the coming year.

Hot Links!

To find important links, report IT issues, and find information about project requests and status, go to OI's Hot Links:
<http://vawww.vhaco.va.gov/vhacio/HotLinks.asp>

Editorial Box:

OI News You Can Use is produced for the employees and friends of VHA's Office of Information. We welcome your feedback. Send story ideas to Monica A. Smith, Editor, at monica.smith7@va.gov.

