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# Education on My Healthevet to Increase Access to Psychiatric Healthcare for Veterans

Roxann Hackbarth
*South Dakota State University*, Roxann.Hackbarth@va.gov

# Education on My Healthevet to Increase Access to Psychiatric Healthcare for Veterans

A Review of the Literature

By

Roxann Hackbarth PMHNP

A paper submitted in partial fulfilment of the requirements for the degree

Doctor of Nursing Practice

South Dakota State University

Education on My Healthevet to Increase Access to Psychiatric Healthcare in Veterans

This Doctor of Nursing Practice (DNP) Project is approved as a credible and independent investigation by a candidate for the DNP degree and is acceptable for meeting the project requirements for this degree. Acceptance of this DNP Project does not imply that the conclusions reached by the candidate are necessarily the conclusions of the major department.

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Nicole Gibson, DNP, CNP, FNP-C

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Kay Foland, PhD, PMHNP-BC, PMHCNS-BC, CNP

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Leann Horsley, PhD, MS, BSN

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Abstract

**Introduction:** Access to mental health care can be challenging for many veterans. The Veterans Health Administration (VHA) developed the patient portal My Healthevet (MHV) to increase access to healthcare services. Despite this program, many veterans still do not take advantage of the portal. The goal of this literature review was to gain knowledge on benefits and barriers of using patient portals, identification of patients who use and do not use patient portals, and interventions to increase the use of patient portals.

**Evidence Summary:** The use of patient portals, including the VHA portal MHV, helps to increase interactions between clinicians and their patients; however, there are still many veterans that are not utilizing MHV.

**Gaps:** There are limited studies which specifically look at the current use of MHV. Additionally, there are limited studies which identify current awareness, understanding and barriers which supports the use of MHV.

**Recommendations for Practice:** Recommendations for practice include staff assessing current use of MHV on admission to an acute care setting, provide education on MHV with enrollment prior to discharge, and post discharge assessment of the veteran's use of MHV.

*Keywords:* awareness, barriers, education, mental health, patient portal, questionnaire, veteran

# Education on My Healthevet to Increase Access to Psychiatric Healthcare for Veterans

My HealtheVet (MHV) is the patient portal the United States Department of Veterans Affairs Health Administration (VHA) started using in 2003. The goal of MHV was to increase knowledge, improve health, and increased interaction (Tsai & Rosenheck, 2012). According to the VHA Secure Messaging Statistics Report (2019) as of October 2019 nationally 51.32% of veterans are currently enrolled in MHV. Veteran awareness of MHV is less than 58% in the implementing VHA hospital, and less than 50% of them are utilizing MHV (Huang, Muz, Kim, & Gasper, 2017). Approximately 41% of all registered veterans through the VHA live in rural areas (Brennan, 2017). Challenges rural veterans face in receiving psychiatric care include long travel time, limited transportation, and limited clinicians. Improving the awareness, use, and identification of barriers to using MHV is needed to improve psychiatric care for veterans.

This project aimed to improve use of MHV to increase access to psychiatric care for veterans. The project question is as follows: In psychiatrically stable adult veterans living in a rural area who are discharged from an inpatient mental health unit (P), how does education on awareness, understanding, and barriers for using MHV and assistance in enrolling in MHV (I) compared to current use of MHV (C) impact the identification of the barriers to and use of MHV for mental healthcare needs and (O) over four weeks (T)?

## Literature Review

An extensive literature review directed towards the project question was completed utilizing the following databases: Cochrane Library, Cumulative Index to Nursing and Allied health Literature (CINAHL), Medline, and PubMed. The search strategy utilized included a combination of the following *keywords*: awareness, barriers, education, mental health, patient portal, questionnaire, and veteran.

The articles included in this literature review discuss interventions to increase use of a patient portal, the benefits in using patient portals, and barriers to using patient portals. Articles which discussed the use of patient portals in inpatient and outpatient settings were used and included both patients diagnosed with and without a mental health diagnosis. Inclusion criteria for this literature review included articles written in English, peer reviewed, and a publication date of 2016 to present.

Exclusion of articles for this literature review included those implementing a patient portal or articles specifically discussing a specific diagnosis other than a mental health diagnosis. Originally, outpatient settings were excluded from this literature review; however, due to the post discharge status of patients, outpatient settings were included. Articles published prior to 2015 were excluded to ensure the most recent literature for this project.

A total of nine articles were identified which pertained to the clinical question and aligned with the inclusion and exclusion criteria. The Johns Hopkins Nursing Evidence-Based Practice approval tools and evidence rating scales were used to grade each article. Eight Level III articles included structured reviews, systemic review, cross sectional review, and randomized intervention. One Level VI article was included comprising of an observational cohort study and a non-experimental descriptive article. The articles were graded wither A or B with a majority of the articles receiving a grade of B. The grades of A or B categorizes them as either high or good quality respectively (see Appendix A).

The Appraisal of Guidelines for Research and Evaluation (AGREE II) instrument was used to assess the clinical practice guidelines. The AGREE II is comprised of 23 items grouped into six domains including the scope and purpose, stakeholder involvement, rigor of development, clarity of presentation, applicability, and editorial independence. Each domain is

scored on a seven-point scale, one indicates no information or poorly reported, the highest score of seven indicates exceptional reporting and all criteria is met (Brouwers et., 2010).

## Synthesis of Evidence

**Identification of patients using portals.** Identification of patients who use or do not use patient portals is important as the use of patient portals have the potential of increasing positive outcomes in patient care. Although the use of patient portals has been identified as potentially improving patient outcomes, little research has been conducted on which patients are using the portals. Hoogenbosch et al (2018) found 145 of the 439 participants used the portal while 294 either knew about the portal and did not use or had no knowledge of the portal. Patients using the portal were found to have a higher health literacy. Predictors of portal use were younger patients, chronically ill, and retired individuals.

**Interventions to increase portal use.** Stein et al. (2018) found of the 70 participants of the study participants are more likely to register and use patient portals when they had been provided both a brief educational intervention and written information. Additionally, Stein et al. (2018) found patients who had regular access to email were more apt to actively use patient portals.

**Benefits of patient portals.** Kipping, Stuckey, Hernandez, Nguyen, & Riahi (2016) followed 461 participants for one year to monitor the use of the patient portal available through the facility where the study was conducted. The use of patient portals increased the interactions between the health care team and patients. Increased use of patient portals has shown an increase in adherence to treatments, a decrease in medical errors including medication errors, increase communication between the health care team and the patients. Han et al. (2019) reviewed 24 articles focused on improved patient outcomes when using a patient portal. Patient portal use

overall improved psychological outcomes, medication adherence and preventative services. Sieck, Hefner, & McAlearney (2018) conducted 29 interviews with patients identified as experienced portal users. Findings included logistical benefits with increased efficiency, improved ability to track health information and improvement in documentation of communication. Psychological benefits including increased collaboration, increased trust in clinicians, and increased engagement including refilling medications.

**Barriers.** Although patient portals have been available for several years, the rate of adoption by patients has been low. Identification of barriers may serve as a useful tool to increase the use of patient portals. Showell (2017) reviewed 34 articles focused on identification of barriers in using patient portals. Negative attitudes, concerns for privacy and decreased health literacy were all barriers identified in using patient portals. Kumar & Stewart (2018) interviewed 22 clinical staff who identified login issues as a major hinderance to patients using the portal. Login issues included patients not being able to find the portal web page and not having the correct password. Zhao et al. (2018) reviewed 32 articles identifying barriers to using patient portals. The articles identified negative attitudes, limited knowledge, and privacy concerns as barriers., Mishuris et al. (2015) interviewed 14 veterans to identify barriers to using patient portals. Limited knowledge of patient portals, concerns on decreasing personal interactions with clinicians, and decreased access to electronics including computers were identified as barriers.

## Gaps in the Literature

The literature review identified several gaps in identification of interventions increasing the use of patient portals. Barriers to patient portal use were identified (Kumar & Stewart, 2018; Mishuris et al., 2015; Showell, 2017; Zhao et al, 2018); although there was limited supporting evidence on how to decrease these barriers. Gaps in the literature include identification of

barriers, which educational programs support the use of patient portals, and long-term benefits of using patient portals. A significant gap in the literature is about rural veterans using MHV. As most of the literature pertaining to any aspects of the use of patient portals is prior to 2015 this indicates an extensive gap in the literature. Articles prior to 2015 did indicate education was beneficial; however, there was not information on what method of education was used. Additionally, articles prior to 2015 did not take into account the advancements made in development of patient portals, increased health literacy of patients, and increased availability of internet use.

## Recommendations for Practice

Kumar & Stewarf (2018), propose healthcare organizations need to invest improving access to patient portals including increasing health literacy, education, and training for both patients and staff. Recommendations for practice change include assessment of current portal use during acute hospitalizations, providing individualized education to patient wanting to enroll, assisting in enrollment prior to discharge, and follow up assessment of use and understanding post discharge (Kipping et al., 2016 & Stein et al., 2018. Additional recommendations include individually focused interventions in vulnerable populations as this has been shown to increase use of patient portals (Grossman et al., 2019).

## Conclusion

The goal of this project was to promote use of MHV to increase access to psychiatric care for rural veterans. The literature supports the use of patient portals to increase positive outcomes in the treatment of patients including those with a psychiatric diagnosis. Currently there is limited literature which identifies how rural veterans use MHV, perceived barriers or how education promotes use. This project helped identify current use and barriers to increase use of

MHV. As the facility currently has MHV imbedded in the budget, sustainability of MHV is assured; however, the recommendation of developing a “super user” team will need to be done to promote the use of MHV.

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# Appendix A

## Evidence Table

| Article # | Author(s) & Date | Study Design | Participants, Sample Size & Setting | Intervention | Results | Comments (Strengths/Weaknesses | Evidence Level, Quality |
|---|---|---|---|---|---|---|---|
| 1 | Han et al., 2019 | Systemic Review | 24 studies included in review.<br><br>21 of the studies were conducted in the United States.<br><br>Samples in the studies ranged from 50 to 22,703 | Studies included in this review evaluated portal interventions, psychobehavioral outcomes, and effects of portal use on clinical outcomes | Use of patient portals improved health knowledge, medication adherence and self-efficacy. Consistency of improved medications adherence regardless of the study design.<br><br>Portal interventions overall showed little effect on clinical outcomes. | Strength: Patient portals can increase health literacy, improve medication adherence, and autonomy.<br><br>Weakness: The use of patient portals has insufficient evidence for improvement in clinical outcomes. | Level III Grade B |
| 2 | Hoogenbosch et al., 2018 | Cross Sectional | 439 adult patients were included in the study.<br>The study was conducted in the outpatient department at | Researchers collected data using a structured paper questionnaire on the use of the patient portal. | 32.1% of the participants identified as using the portal, 31.2% identified as non-users aware of the | Strength: The study showed patients are not using the portals available to them which indicates increased education can improve use. | Level III Grade B |

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| | | | hospital in the Netherlands. | | being non-users and not aware of the portal.<br><br>The best predictor of portal use was chronic illness and increased health literacy. | When given in person education as opposed to leaflets, there was an increase in portal use.<br><br>Weakness: Participants not aware of the portal was not able to answer the questions which led to selective information.<br><br>Patients admitted to the hospital were eliminated from the study, it is unknown if the hospitalized patients use the portals.<br><br>The different departments were not individually analyzed to determine which subgroup used the portals more. | |
| 3 | Kipping et al., 2016 | Observational cohort study | 461 combination inpatient and outpatients in a tertiary level | Web based access to view records and communicate with clinicians. Users could | 461 patients registered for the portal, the use of the portal over 1 year was 4761. The | Strengths: Users self-enrolled, the results reflect actual use. Research personal did not have any involvement in | Level IV Grade A |

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| | | | mental health care facility. | attend portal training or support sessions led by the coordinator.<br><br>Web based surveys at baseline, 6- and 10-months post enrollment were given for use. | Mental Health Recovery Measures (MHRM) scores increased from 70.4 to 81.7. Of the 8 recovery domains 7 increased at follow -up.<br><br>The System and use Survey Tool reveled users felt a sense of autonomy. | development of the portal to decrease bias. The participants were followed for a year making it have high internal validity.<br><br>Weakness: The study did not have a control group for the MHRM. Mental health treatment over the time may contribute to improved recovery as opposed to use of the portal. Using web-based surveys prevented analysis using repeated measures design. | |
| 4 | Kumar & Stewart, 2018 | Mixed methods | 22 randomly selected employees from a health care facility, trained on the portal, employed more than 30 days, and have helped with portal questions. | Survey questionnaires and interviews assessing what questions patients ask when requesting information on portals, identification of barriers. | The study found a large portion of the patients interviewed had issues with logging into the portal. Navigating the portal was also a barrier along with logging | Strengths: Using both qualitative and quantitative statistics increased the validity of the study. Identification of the major barrier in using the portal.<br><br>Weakness: Low number of participants, limited demographics and lack of diagnosis | Level IV Grade B |

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| | | | | | into the wrong site. | of diagnosis of the patient's interviewed. | |
| 5 | Mishuris et al., 2015 | Qualitative | 14 veterans receiving home-based primary care, 3 home-based primary staff care members. | Semi-structured interview focused on reason for services, comfort/general use of computers, prior knowledge/use of My Healthevet, impressions of My Healthevet, and others that may use the portal on their behalf. | Limited knowledge of the portal, limited computer uses and decreased internet use. Increased desire to learn more of the portal and to allow surrogates to use the portal. | Strengths: Identification of specific barriers to using the portal. Education on using the portal has the potential to increase use.<br><br>Weakness: Low sample size, only five themes were assessed limiting identification of other barriers. | Level III Grade B |
| 6 | Sieck, Hefner, & McAlearney, 2018 | Qualitative study | 29 patients identified as experienced portal users.<br><br>The study took place in a large medical center. | 30-minute semi-structured interviews conducted by trained interviewers. The interview addressed reasons for use of the portal, how they use the portal, and perspectives of the portal. | Logistical benefits, increased clinician communication, increase collaboration, increased trust with their clinician. | Strengths: Actual participant quotes, identifying both logistical and psychological benefits.<br><br>Weakness: Limited participants, only reviewing on portal system, not differentiating between increased engagement is why the | Level III Grade B |

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| | | | | | | participants used the portal. | |
| 7 | Showell, 2017 | Structured literature review | 34 articles were included in the review.<br><br>The articles included a mix of interviews and questionnaires. | The articles included in this review evaluated what the barriers are to using patient portals. | The articles included in this review identified 21 barriers to using portals. | Strengths: The review looked at over 300 articles before using the 34 for this review. The articles only looked at barriers which helped with the identification of barriers.<br><br>Weakness: 11 of the articles excluded participants who were less affluent, less capable or marginalized which can skew the results. | Level III Grade B |
| 8 | Stein et al., 2018 | Randomized Intervention | 70 patients from an inpatient medical unit in a county hospital. | In person introduction to the patient portal. Determination on current registration, use, instruction on navigation of portal, and having the patient demonstrate finding | Participants had a positive perception of the portal, education increased use of the portal, and lack of email was a barrier. | Strengths: The study was conducted using vulnerable patients, assessment of current use of the portal and identification of barriers. Found education increases use.<br><br>Weakness: The control group was not assisted in setting up the portal or provided education. | Level III Grade B |
| | | | | | | patients not psychiatric patients. | |
| 9 | Zhao et al., 2018 | Systemic literature review | 32 articles included in the review.<br><br>The articles were a combination of quantitative, qualitative, and mixed methods. | The articles included in this review evaluated the barriers, facilitators, and solutions in using patient portals. | Several of the articles identified decreased knowledge of the portal, decreased education on portal use, and privacy concerns as barriers.<br><br>Facilitators included successful registration, the portal is seen as beneficial, and feedback loops. | Strengths: Identification of both barriers and facilitators is helpful in identifying where improvements need to happen to increase use of portals.<br><br>Weakness: The articles used are five years and older, current articles could identify additional barriers and facilitators. | Level III Grade B |

# Education on My Healthevet to Increase Access to Psychiatric Healthcare for Veterans

## Methodology

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Abstract

**Introduction:** Patient portals have shown several benefits in improving psychiatric care. Improvements include increased patient satisfactions with care, engagement in treatment, and adherence to the treatment plan. Currently, a large proportion of Veterans are not utilizing the patient portal, My Healthevet (MHV) with little research into barriers for use.

**Objective:** This project aimed to assess awareness, understanding, and identification of barriers for using MHV and how after a brief educational intervention if there was an increase in awareness, understanding, and use.

**Methods:** A process improvement design was used for this project. A total of 10 participants completed the pre-intervention questionnaire and engaged in the educational session. The 10 participants were emailed one week post discharge. Of the 10 participants eight required the follow up phone call. Two weeks post discharge the post intervention questionnaire was sent via electronic mail (email); two of the 10 participants returned the post intervention questionnaire. The project coordinator was able to contact two of the 10 participants for post intervention closure and to answer any questions.

**Results:** A total of 18 inpatient psychiatrically stable patients were invited to participate in the project. Of the 18, 10 agreed to participate and engaged in the intervention. Two of the 10 participants completed the post intervention questionnaire. The other eight initial participants did not maintain contact with the project coordinator.

**Conclusions:** Veterans with a mental health diagnosis in the inpatient setting were interested in education on MHV while remaining in the hospital. Post discharge resulted in a decrease in communication and engagement with using MHV. Although the

educational intervention showed limited improvement, a more intensive education may improve post hospitalization use. Support from the outpatient psychiatric team has the potential of increasing the use of MHV due to increased contact with the patient. Continuation and advancement of this project has the potential of increasing the use of MHV and increasing positive patient outcomes.

*Keywords:* awareness, barriers, education, mental health, patient portal, questionnaire, veteran

# Education on My Healthevet to Increase Access to Psychiatric Healthcare for Veterans

## Introduction

Patient portals offer a secure method for patient to access their records, schedule appointments, refill medications and send messages to their clinicians. My Healthevet (MHV) is the patient portal the United States Department of Veterans Affairs Health Administration (VHA) started using in 2003. The goal of MHV was to increase knowledge, improve health, and increase interaction (Tsai & Rosenheck, 2012). According to the VHA Secure Messaging Statistics Report (2019) as of October 2019 nationally 51.32% of veterans are currently enrolled in MHV. Veteran awareness of MHV is less than 58% in the implementing VHA hospital, and less than 50% of them are utilizing MHV (Huang, Muz, Kim, & Gasper, 2017). Little research has been conducted to determine barriers which may impede veterans using MHV.

Approximately 41% of all VHA registered veterans live in rural areas (Brennan, 2017). The determination of rurality was based on the Health Professional Shortage Area (HRSA) designating the county the veteran lives in as rural. Challenges rural veterans face in receiving psychiatric care include long travel time, limited transportation, and fewer clinicians. In 2016, the VHA interviewed rural veterans to gather information on their attitudes on psychiatric care. The veterans identified maintaining independence and stigma associated with psychiatric care as their greatest concerns (U.S. Department of Veterans Affairs, n.d.).

The project aimed to improve awareness, understanding and identify barriers in rural veterans using My Healthevet. The clinical question guiding this project is: In psychiatrically stable adult veterans living in a rural area who are discharged from an inpatient mental health unit (P), how does education on awareness, understanding, and barriers for using MHV and

assistance in enrolling in MHV (I) compared to current use of MHV (C) impact the identification of the barriers to and use of MHV for mental healthcare needs (O) over four weeks (T).

## Materials and Methods

### Evidence Findings

Several benefits of patient portals have been identified and support increased interaction between patients and their clinicians. The use of patient portals has been shown to increase adherence to treatment, increase communication between the patient's health care team including the clinician, and greater autonomy (Kipping, Stuckey, Hernandez, Nguyen, & Riahi (2016). Additionally, increased psychological trust has been identified including between patients and their clinicians (Han et al., 2019; Sieck, Hefner, & McAlearney, 2018).

### Gaps in the Evidence and Recommendations for Practice

The most significant gap in the literature is the lack of studies on how educational methods increase knowledge and use of patient portals and which types of educational methods are most useful. Additional gaps in the literature include limited studies focusing on portal use in psychiatric patients, identification of rational for not using the portal, and how nursing can increase the use of portals. The gaps in the literature may be due to literature not reviewed prior to 2015. Articles published prior to 2015 did focus on initial educational methods were used to educate patients on the use of portals; however, the methods have not been retested with the advancements in the portals now being used.

Recommendations for practice support changes in assessment. Included in the recommendations were an assessment of current portal use during acute hospitalizations, providing individualized education to the patient wanting to enroll, assisting in enrollment prior to discharge, and follow up assessment of use and understanding post discharge. The

development of a super user team would ensure patients would have the assessment and education on MHV.

The super user team would meet with patients during hospitalization when medically stable for an assessment of current knowledge and use of MHV. The team member known as the mentor, would provide individualized education on MHV, assist in registering if they do not have an account, and assist in navigating the portal. Post discharge the super user team member who worked with the patient while still hospitalized would be responsible for the post hospitalization follow up. The MHV mentor would assist the patient to schedule follow up appointments, request refills on medications, and send secured messages to the patients' clinician. The mentorship would continue for a minimum of six months or until the patient did not need further assistance.

**Setting**

This project took place on an inpatient psychiatric unit in a VHA hospital in the Midwest. The psychiatric unit consists of 10 beds, two of the rooms are double occupancy. The length of stay varies at the facility with the average length of stay being seven days.

**Sample**

The sample for this project were inpatient psychiatrically stable veterans with a mental health diagnosis who live in a rural area. Additional inclusion criteria were being 18 years of age and older and able to read and write English. All ethnicities were included. Exclusion criteria were non-English speaking patients and those who had fixed baseline delusions of electronics. The participants were also psychiatrically stable and within 48 hours of discharge. Psychiatric stability is defined as euthymic mood with congruent affect, intact concentration, insight, and judgement, with coherent, logical, organized and goal directed thoughts.

## Development of Intervention Tool

This project used two Likert scale questionnaires. The first questionnaire (see Appendix D) was given pre-intervention for assessment of current knowledge, use and perceived barriers to using MHV. The second questionnaire (see Appendix G) was given two weeks after discharge for assessment of knowledge, use, and perceived barriers to using MHV. The questionnaires were developed by the project coordinator. The questionnaires were reviewed by the medical director of the psychiatric unit, the nurse manager of the psychiatric unit, and psychiatrist working on the psychiatric unit. The reviewers did not make any recommendations to change the questionnaires. In developing the questionnaires, consideration was taken into the clinical question guiding this project, use of a Likert scale, item generation, and ability to demonstrate reliability (Rattray & Jones, 2007). The educational intervention for this project was based on the current information being used from the facility. The facility developed all education material at the time MVH was developed. The educational intervention consisted of explaining what MHV is, the different types of accounts, available resources, and the terms and conditions of using MHV (see Appendix E). Review of preexisting MHV handouts was provided to all participants. The handouts were obtained from the education department.

## Project Procedure

**Pre intervention.** The project coordinator met with the psychiatric clinicians treating patients on the mental health unit to discuss the purpose of the project and intervention. The staff on the mental health unit were provided information about the project. Prior to approaching potential participants, the project coordinator discussed with the patient's primary psychiatric clinician if the patient was psychiatrically stable to participate in the project. When the clinician

determined the patient was psychiatrically stable, the patient was invited to discuss the project and participation.

**Intervention.** The patient met fact-to-face with the project coordinator for a minimum of 30 minutes to discuss the project, the discussion was conducted in the visitor's room to assure privacy. The visitor's room is in the secured hallway adjacent to the psychiatric unit. The room has an independent door which was kept closed during the intervention. The project coordinator provided information on MHV utilizing oral and written information. The patient was provided time for discussing questions or concerns regarding their participation in the project. If the patient agreed to participate in the project the consent form was reviewed and signed. The patient was then considered a participant and was given the pre intervention questionnaire (see Appendix D). After completion of the questionnaire, the project coordinator assisted the participant in registering for MHV if they did not already have an account or did not have the premium account. The participant was escorted to the MHV station where they were either enrolled or their account was updated to premium. The project coordinator met with the participant on the day of discharge to address follow-up questions or concerns the participant may have had.

**Post intervention.** The project coordinator emailed the participants using secure messenger feature of MHV one week after discharged. The email was entitled *test* reminding the participant of the follow-up phone call the following week with a return email request for assessment of use. Of the 10 participants, two answered the e-mail. The project coordinator attempted to make contact via a phone call to the eight participants who did not answer the email after 48 hours. None of the eight responded to the phone call and were not contacted further.

The second week post discharge, the project coordinator sent the two remaining participants a second email with the post intervention questionnaire and requested it be filled out and returned to the project coordinator via email. Both participants returned the post intervention questionnaire. The project coordinator called to review the post intervention questionnaire and discuss any questions or concerns the two participants had. During the final post-intervention phone call, the project coordinator provided the participant with the name and phone number of the MHV coordinator from the facility if they needed further assistance with using MHV (see Appendix H).

**Clinical Outcomes**

Clinical outcomes for this project focused on increasing awareness, understanding, and identification of barriers for using MHV. Each of the 10 participants who initially agreed to take part in the project had knowledge of MHV before the educational intervention was given. All 10 participants completed the pre-intervention questionnaire. Two participants completed the post-intervention questionnaire, and they had an increase in knowledge of MHV. The increase in knowledge included learning how to use secured messaging, requesting medications, and requesting appointments. The two participants who responded post-intervention indicated they had used MHV for sending secured messages after getting the educational intervention. One participant used MHV to request a refill of medications, one scheduled an appointment with their out-patient psychiatric clinician using MHV. Neither of the two post-intervention participants identified any barriers to using MHV.

**Ethical Considerations**

Confidentiality of the participants was maintained by the project coordinator throughout the project. The participants' questionnaires were coded using the last four digits of their social

security followed by the first letter of their first and middle name. The identification of the participant is located on the top right of both questionnaires (see Appendix D and G). Once the project was concluded, participant information was destroyed by the security officer of the facility per VHA protocol.

Approval for the project was granted from the project coordinator's university human subject committee prior to implementation (see Appendix A). The project facility does not have an Institutional Review Board; however, approval to carry out this project was obtained from the education department (see Appendix B). The project coordinator developed a consent form with answers to possible questions the participants may have (see Appendix C).

### Stakeholders

The primary key stakeholder for this project is the nursing training coordinator. Additional stakeholders include the psychiatric team including nursing staff and clinicians as use of patient portals increases treatment adherence and communication.

## Theory

The Iowa Model of Evidence Based Practice (IMEBP) (Iowa Model Collaborative, 2017) was used to guide the project as it aligns with the evidence-based practice model utilized by the implementing facility. Dorothea Orem's Self Care Deficit Theory (Gonzalo, 2021) and Kurt Lewin's Three-Step Change Theory (Raza, 2019) are the theories which were used to support the project.

## Results

The project coordinator collected data from the pre and post intervention questionnaires. Other data were collected from the demographic data form. Descriptive statistics were calculated

which included means (standard deviations) and medians (interquartile range) for quantitative data and frequencies and percentages (relative frequencies) for categorical data.

**Demographics**

This project had a total of 10 participants. The participants ages ranged from 18 to over 65 years of age. One participant was in each of the following ranges: 18-24, 35-44, and over 65. Three participants were aged 25 to 34, and two participants each were between 45 to 54 and 55 to 64 (see Appendix I).

Of the participants, nine identified as male. One participant identified as female. All participants described themselves as white. Half of the of Veterans described themselves as living in urban and half rural environments (see Appendix I).

Half of participants reported owning their own home, three reported renting a home or apartment, and two described their living situations as other. Half of the participants classified themselves as being divorced, two described themselves as married, of the remaining participants, one described themself as separated, one described themself as never married, and on described themselves as widow or widowed. Of the participants, two participants reported having a bachelor's degree, one reported having an associate degree, four reported attending college for a period of time, one reported attending a trade school, and two identified having a high school education. All participants reported having access to the internet (see Appendix I).

**Internet usage**

Of the participants, six of veterans reported using email daily, two reported using email less than once per month, and one veteran each reported using the email weekly and monthly. Internet usage showed four participants used the internet to order items daily, three reported using the internet to order items monthly, two reported using the internet to order items less than

once a month, and the remaining participants reported never using the internet to order items. Half of the participants' reported using the internet daily for research, three described themselves as using the internet weekly for research, while two, one each, reported using the internet weekly and less than once a month for research. Internet use for gaming showed seven participants using the internet daily. Additionally, one participant each reported using the internet monthly, weekly, and never for gaming. Participants most used the internet for social media with eight participants reporting daily use. One participant reported using the internet for social media purposes weekly. Only one participant reported never using social media (see Appendix J). Of the two participants who completed the project, both identified as using the internet daily for emails, games, and social media (see Appendix L).

**My Healthevet usage**

Of the ten participants, seven noted using MHV and all had premium accounts, three of the participants did not use MHV. Of the seven participants who were currently using MHV, four participants described their use of MHV as less than once a month, one reported using MHV monthly, and two participants reported never using MHV. One participant reported using MHV to enter health information, one described their use as accessing the Veterans Health Library, four of participants used MHV to refill prescriptions, two described their MHV use accessing care notes, one accessed lab results. An equal number of participants used MHV to schedule appointments. Four of participants used MHV for secure messages (see Appendix K).

Of the seven participants who were using MHV, four reported MHV somewhat easy to navigate while one participant strongly agreed MHV was easy to navigate. The ability to find information easily on MHV two participants somewhat agreed and two participants strongly agreed. Similarly, an equal number of participants strongly agreed, and somewhat agreed

information could be understood. Of the participants, three strongly agreed information was valuable on MHV while one participant somewhat agreed information on MHV was valuable. Of the participants, four strongly agreed MHV increased interactions and one somewhat agreed MHV increased interactions. One participant strongly agreed MHV helped them follow their treatment plan while four participants somewhat agreed MHV helped them follow their treatment plan. Overall, participants used MHV to facilitate their care and strongly agreed MHV enhanced their interactions with their healthcare providers (see Appendix K).

Post intervention, both participants used MHV to communicate with the project coordinator. One participant used MHV to request refills of two medications, and one participant used MHV to request an appointment with their psychiatric clinician (see Appendix L).

### Barriers to using MHV

Of the participants, six reported lack of knowledge of MHV including how to log on and available elements of the portal as barriers. The participants with lack of knowledge did not know where to find additional information on MHV to assist with increasing knowledge. Two participants reported MHV to be confusing to use leading to frustration which caused the participants not to use MHV. These two participants stated due to the frustration they did not want to try logging on again and only tried the once. These two participants did present with a negative attitude when discussing MHV. Two participants did not identify any barriers to using MHV (see Appendix K). Post intervention both participants did not identify any barriers to using MHV (see Appendix L).

## Discussion

The aim of this project was to assess awareness, understanding, and identification of barriers of using MHV. The project evaluated if a brief educational intervention increased

awareness, understanding, and use. The results of the project indicated most veterans are aware of MHV and have an account; however, they do not actively use the account due to various reasons. Of the ten participants, eight identified lack of knowledge on how to use MHV as the primary reason for not using the portal. Two participants identified the portal as confusing leading to frustration in attempting to use the portal. Similar to previous studies, lack of knowledge and negative attitudes influenced the use of patient portals (Mishuris et al., 2015; Zhao et al., 2018).

The pre-intervention questionnaire indicated a significant number of veterans in the sample were aware of MHV and had an account. Due to only two participants completing the project, it is difficult to determine what improvements are needed to increase the use of MHV. One possible improvement is additional education provided in different formats. Included in this education the functions and navigation of MHV.

**Limitations**

One limitation of this project was the small number of participants. The mental health unit during the time frame of the study had an average daily census ranging between three to six patients. During the time frame for the project there were 32 admissions, three of the admissions were patients with a neurocognitive disorder diagnosis which excluded them from participation. Patients who had been civilly committed by the project coordinator were not invited to participate in the project due to concerns the patient may feel undo pressure to participate. Of the 29 patients admitted 19 declined to participate. Several of the patients who declined to participate voiced concerns of being tracked by the facility. Other reasons given for not participating included anger at being admitted, not wanting to have to partake in the education and not having interest in MHV.

## Barriers

The most significant barrier of this project was recruitment of participants and their continued participation in the project. Decreased census hampered the ability to have a large pool of potential participants. During the timeframe of the project, the average daily census on the unit ranged between three and six patients. Factors contributing to the decrease in census may be related to the time frame of the project due to being over the holidays as the project was conducted prior to Thanksgiving and ended prior to Christmas. The project was conducted during the pandemic which may have contributed to a decrease in patients seeking treatment due to isolating. The project was extended twice to enroll more participants in the project.

## Implication for Practice

This quality project promoted an increase in knowledge and usage of MHV. Promoting the use of patient portals has the potential of increasing positive outcomes of treatment goals, improvement of patient satisfaction with treating clinicians, and improvement of documentation of communications between patients and clinicians (Han et al, 2019; Kipping et al., 2016; Sieck, Hefner, & McAlearney, 2018). The results of this project, although limited to two participants supported the educational intervention on MHV. Post intervention, both participants sent the project coordinator a secure message, neither had sent a secure message prior to the education. Developing a team dedicated to education of MHV with intensive follow up has the potential of increasing the use of MHV.

Several studies have shown positive outcomes from the use of MHV and the need for increased use among patients. More studies are needed for assessment of barriers to use, efficient educational programs, and how intensive interventions increase the use of not only MHV but patient portals in general.

## Conclusion

This project identified most participants currently have a MHV account; however, despite having the account only a few of the participants actively used MHV. Due to decreased post intervention participation, it is difficult to determine the effectiveness of the brief educational intervention. Further research will need to be conducted to determine if a brief educational intervention will increase the use of patient portals. The use of the super user team will assist in increasing the knowledge of what interventions are most useful to increase use of patient portals. Continuation and advancement of an educational intervention has the potential of increasing the use while identifying barriers to using MHV.

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Appendix A

University IRB Approval

Hello Roxann Hackbarth,
Your application **Education on My Healthevet to Increase Access to Psychiatric Healthcare in Veterans** has been approved by the Institutional Review Board (IRB) for the protection of human subjects through expedited review. The proposed activity was deemed to be no greater than minimal risk and congruent with expedited category number 7 outlined in 45 CFR 46, section 110.
Note: Any changes to the protocol or related documents must be approved by the IRB before implementation. Unanticipated problems or adverse events must be promptly reported to the IRB. SDBOR regulations require that research data be retained for seven years following completion of a study, and research materials for three years. You will be asked to report on the status of your study within one year of this approval.
Your approval number is: IRB-2010010-EXP.
I wish you the best in your study.
Sincerely,
Dianne Nagy
Research Integrity and Compliance Officer

# Appendix B

## Facility Approval

**DEPARTMENT OF VETERANS AFFAIRS**
**CENTRAL IOWA HEALTH CARE SYSTEM**
3600 30th Street
Des Moines, IA 50310

VA Clinic-Mason City
520 S. Pierce, Suite 150
Mason City, IA 50401

VA Clinic-Ft. Dodge
2419 Second Ave N
Ft. Dodge, IA 50501

VA Clinic-Knoxville
1515 West Pleasant St
Knoxville, IA 50138

VA Clinic-Marshalltown
101 Iowa Ave W
Marshalltown, IA 50158

VA Clinic-Carroll
311 S Clark St, Suite 275
Carroll, IA 51401

July 13, 2020

To Whom It May Concern,

This letter is written to document support for the DNP Project, "Education on My HealtheVet to Increase Access to Psychiatric Healthcare in Veterans" by Roxann Hackbarth.

VA Central Iowa Health Care System (VACIHCS) does not currently have an Internal Review Board or Panel. However, student academic projects are reviewed and approved by key stakeholders, depending on the student's project proposal. Such members would include selected subject matter experts, Privacy Officer, Compliance Officer, Chief Health Informatics Officer, representative from Quality Management and Associate Chief of Staff-Education.

Such key stakeholders reviewed Rosann'[s Performance Improvement Project and support her in the completion of her project, with the oversite of South Dakota State University. She is planning to provide a report of her project outcomes to be shared with the appropriate leadership.

Please let me know of any questions you might have or the need of further information.

Sincerely,

Deborah DeJong

*Deborah De Jong, RN, MSN, MBA, MSEd*
*Nursing Trainee Coordinator*
*VA Central Iowa Health Care System*
*3600 30th Street*
*Building 3, RM 2954*
*Des Moines, Iowa 50310*
*Deborah.dejong@va.gov*
Office Phone (515) 699-5660
Work Cell (515) 723-1543
Fax No. (515) 699-5862

Appendix C

Consent for Participating in the Project:
Education on My HealtheVet to Increase Access to Psychiatric Healthcare in Veterans

**The following COVID-19 precautions will be followed during all face to face contact between the project coordinator and participants:**

1. No physical contact of any kind.
2. The participants will be asked to wear a mask, the project coordinator will be wearing a mask and face shield.
3. Prior to meeting in the interview, the project coordinator will disinfect the table, chairs, computer and writing utensil.
4. All attempts will be made to maintain 6 feet distance between participant and project coordinator during all face to face meetings.

**What is the minimum age to participate in the project?**
The minimum age to participate in the project is 18.

**What is the purpose of this project?**
The purpose of this project if to examine the knowledge, use, and barriers to using My HealtheVet.

**What will I have to do?**
You will be asked to complete a survey with questions pertaining to your knowledge, current use, and what barriers you believe keep you from using My HealtheVet. In addition, you will be asked demographic questions. You will be asked to attend a brief educational session with the project coordinator on My HealtheVet. Two weeks after discharge the project coordinator will send you an email on My Healthevet for assessment of use. Additionally, the project coordinator will contact you for a brief interview on your experience using My HealtheVet.

**Do I have to participate in this project?**
Participating in this project is completely up to you. There are no penalties or consequences of any kind if you decide that you do not want to participate.

**What are the benefits to me?**
Using My HealtheVet has the potential of improving your healthcare.

**Are there any risks in participating in the project?**
There are minimal risks associated with this research project; however, a risk of breach of confidentiality always exists. If a breach of confidentiality occurs, you will be notified as soon as the breach has been identified.

**What if I change your mind?**
You may withdraw your participation at any time without any negative consequences.

**How will my privacy be protected?**
You will be given a random number by the project coordinator; no identifiable information will be used in the project written paper discussing the findings. Once the project is over all identifiable information will be destroyed with the privacy officer at the VA.

**Are there any costs to me?**
There are no costs to you.

**What if I have concerns?**
You may contact the project coordinator via email (rjhackbarth@jacks.sdstate.edu), the project coordinator's committee chair, Dr. Gibson (nicole.gibson@sdstate.edu), or the VA representative Ms. Dejong (debra.dejong@va.gov) via email.

If you have any questions concerning your rights as a research subject, you may contact SDSU's Research Integrity and Compliance Officer at 605-688-5051 or sdsu.irb@sdstate.edu.

_____ Date:_____
Participant Name

Project Coordinator: Roxann Hackbarth PMHNP
Project Coordinator Committee Chair: Dr. Gibson
VA Representative: Ms. Dejong

Appendix D

Pre- Intervention Questionnaire

Identification Number: _____

Diagnosis: _____

Thank you for taking part in this process improvement project. As part of the project the project coordinator will be gathering information on knowledge, use, and barriers in using My Healthevet. In addition, demographic information is also being gathered. If you have any questions or concerns, please feel free to discuss these with the project coordinator.

**DEMOGRAPICS**

1. **What is your age range**?

| | |
|---|---|
| 18-24 | |
| 25-34 | |
| 35-44 | |
| 45-54 | |
| 55-64 | |
| Above 65 | |

2. **What is your gender?**

| | |
|---|---|
| Male | |
| Female | |
| Trans-gender | |
| Prefer not to answer | |
| Other | |

3. **What is your ethnicity?**

| | |
|---|---|
| Alaskan Native/American Indian | |
| Asian | |
| Black/African American | |
| Hispanic/Latino | |

| | |
|---|---|
| Native Hawaiian/Other Pacific Islander | |
| White | |
| Other | |
| Prefer not to answer | |

4. **What town are you currently living in?**

| |
|---|
| |

5. **What are your living arrangements?**

| | |
|---|---|
| Own home | |
| Rent home | |
| Homeless | |
| Prefer not to answer | |
| Other | |
| Prefer not to answer | |

6. **What is your marital status?**

| | |
|---|---|
| Single never married | |
| Divorced | |
| Separated | |
| Married or cohabitating | |
| Widow or widower | |
| Other | |

7. **What is the highest level of education you have completed?**

| | |
|---|---|
| High school | |
| Some college | |
| Associates degree | |
| Trade school | |
| Bachelor’s degree | |
| Master’s degree or higher | |
| Prefer not to say | |
| Other | |

8. **Do you have access to the internet?**

| | |
|---|---|
| Yes | |
| No | |

**9. How often do you use a computer/phone for the following tasks?**

| | **Never** | **Less than once a month** | **Monthly** | **Weekly** | **Daily** |
|---|---|---|---|---|---|
| Email | | | | | |
| Order items | | | | | |
| Research | | | | | |
| Games | | | | | |
| Social Media | | | | | |

**10. Do you currently use My Healthevet?**

| | |
|---|---|
| Yes | |
| No | |

## If you are not currently using My Healthevet please skip to question 15.

**11. What account of My Healthevet do you currently have?**

| | |
|---|---|
| Basic | |
| Advance | |
| Premium | |

**12. How often do you utilize My Healthevet?**

| | |
|---|---|
| **Never** | |
| **Less than once a month** | |
| **Monthly** | |
| **Weekly** | |
| **Daily** | |
| **More than once a day** | |

**13. What services have you utilized on My Healthevet?**

| | |
|---|---|
| Self-entered health information | |
| Veterans' health library | |
| VA prescription refill | |
| Access VA health care notes | |
| Access VA lab results | |
| Schedule VA appointments | |
| Receive email appointment reminders | |
| Secure messaging with your health care team | |

**14. Satisfaction of Using My Healthevet**

| | Strongly disagree | Somewhat disagree | Somewhat agree | Strongly agree | Doesn't apply |
|---|---|---|---|---|---|
| My Healthevet is easy to navigate? | | | | | |
| Able to find information easily? | | | | | |
| I understand the information contained on My Healthevet? | | | | | |
| Information from My Healthevet is valuable to me? | | | | | |
| My Healthevet increases my interactions with my health care team? | | | | | |
| My Healthevet helps me follow my treatment plan? | | | | | |

**15. Barriers to using My Healthevet. Please write your answers.**

| |
|---|
| |
| |

| |
|---|
| |
| |

# Appendix E

## Educational Tool

My Healthevet also known as MHV is an online patient portal giving health care information through different web-based tools. The information is accessible 24/7 for veterans and other designated care givers. MHV gives the veteran the ability to receive information regarding their health care including upcoming appointments, healthcare records including laboratory/radiology reports, medication refills, and secure messaging to the treatment team including the clinician.

### Account Types

**Basic:**

All registered users start with the basic account which provides limited access. Once registered you will be able to use journals and track health measures. You are not able to view personal information or send messages located in the Veterans administration (VA) or Department of Defense (DoD) systems.

- Add information about over the counter medications, new or pre-existing allergies, military health history.
- Add contact information, health insurance, community health care information
- Record personal health measurements (blood sugars, blood pressure, heart rate, temperature, weight, and pain).
- Print health insurance ID card
- Set personal goals and monitor progress

**Advance:**

- All the access of the basic account plus the ability to refill your VA prescriptions

**Premium:**

This account provides the most access to the features. To get register for the this account an identity verification needs to be completed. To have your identity verification completed, you will need to have your entire profile information full name, Social Security Number, date of birth, and gender) linked to your VA/DoD records.

- Admission/discharge summaries
- VA appointments future and past two years
- Demographics
- VA immunizations
- VA laboratory results and radiology reports
- VA medication history
- VA pathology repots
- VA problem list
- VA notes

- VA vital signs
- VA wellness reminders
- DoD military service information
- Use VA Blue Button save/download/print information
- Use secure messaging to communicate with your health care team

## Available Resources

### Health Care

- Refill/track your prescriptions
- Send/receive secured messages
- Schedule appointments
- View records
- Apply for VA health care

### Disability

- Review clan or appeal status
- Review payment history
- Add supportive documentation
- File for VA disability increase
- File a claim for compensation

### Education

- Update education benefits
- Compare GI Bill benefits by schools
- Apply for education benefits

### Records

- Get a VA identification card
- Obtain medical records
- Download benefits records
- Change address
- Request military records (DD214)

Appendix F

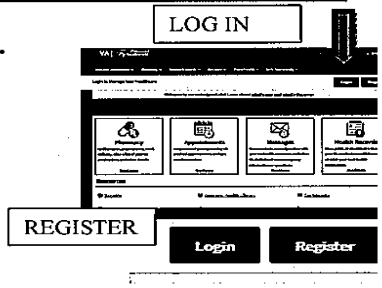
Navigation of MHV

www.myhealth.va.gov

My Health, My Care: 24/7 Online Access to VA

*Anywhere, Anytime Access to Your Health Information!*
***My HealtheVet*** is VA's online tool for managing your healthcare.
*It's secure, trusted and convenient.*
*And it's for you!*

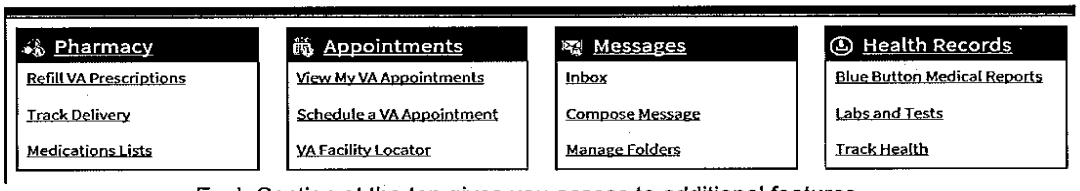
**REGISTER NOW FOR YOUR OWN *My HealtheVet* ACCOUNT.**




Go to: www.myhealth.va.gov.

- On the right: click the ***Register.***
- Fill in all items with an asterisk.
- **VA patients – Enter your full name and select both - *VA Patient* and *Veteran.***
- Carefully follow the User ID and Password instructions.
- Scroll to the bottom, **check** the ***My HealtheVet Accept Terms & Conditions.***
- Click the blue ***Create Your Account*** button..
- Be sure to complete your In Person Authentication at your nearest VA facility for access to all the ***Premium** features.

**QUICK LINKS** - There are Quick Links for all the most used features in My HealtheVet.



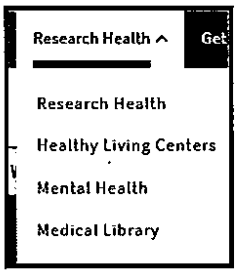

Each Section at the top gives you access to additional features.


**PERSONAL INFORMATION -**

**My Profile:** Make changes to your personal information. Sign up for appointment reminders by email.
***Download My Data:** Download/ View/ Print your health information for yourself or to share with those you trust.
**Change Password:** Update your password
**In Case of Emergency**: Enter your Emergency Contact Information.
**My Account:** check account activity, block DS Logon access to your account.
**Health Information Care:** Create a wallet card with medical information
**My Links:** self-enter links to your favorite sites.


**PHARMACY –**

**Refill Prescriptions**: Request VA prescription refills.
**Prescriptions History:** List of current and past medications
**Prescription Tracking:** See the date your refills were mailed, the shipper, and link to the shipper's website to track the delivery process.
**My VA Medication List:** View & Print a list of your VA medications to carry with you.
**My Medications List**: Enter & track outside medications, herbals & supplements you take. Print and share with your VA provider




**RESEARCH HEALTH -**

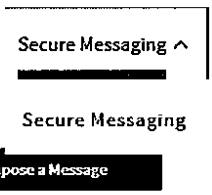
**Healthy Living Centers:** Information on Healthy Eating, Tobacco Cessation, Caregiver Assistance, and more.
**Mental Health:** Information about conditions and symptoms. Screening Tools available for alcohol, depression, PTSD and substance abuse.
**Medical Library:** See the ***Veterans Health Library*** for information and videos about common diseases and procedures.


**GET CARE**

**Care Givers:** Self Enter your VA and outside providers.
**Treatment Facilities:** Self Enter all the locations where you receive care.
**My Coverage:** Self Enter insurance info in one convenient record to access anywhere.
**Health Calendar:** See your appointments, what's happening at your facility or schedule your own to-do's.
***Appointments:** View your appointment list online.


**TRACK HEALTH**

**Vitals + Readings:** Self Enter home readings: (blood pressure, heart rate, body weight, body temperature, pain, blood sugar, cholesterol (Lipids Profile), pulse ox, INR
***Labs + Tests:** See VA Chemistry & Hematology results online. Self enter allergies, immunizations, medical events.
**Health History:** Logs to help you track health records - Family Health History, Military Health History, Medical Events and more.
**Journals** for Food intake, Physical activity.
Tables and Graphs are available for many of these logs.




**SECURE MESSAGING** lets you contact your HealthCare Teams by secure email for non-urgent questions and concerns.
If requesting an appointment, please specify the date and time you prefer, and if you will take the first available appointment.
**Send a Secure Message**—Open Secure Messaging. Check your Inbox or click on COMPOSE to send a message. Click on the down arrow to see the teams that are availble to you.

CONNECTED CARE
*Expanding Veteran Access to Care Through Virtual Technologies*
connectedcare.va.gov

There are MyHealtheVet Computers available in the Des Moines Primary Care Check In area. Or contact the My HealtheVet Staff for personal assistance.
For ***My HealtheVet*** questions, send a Secure Message or call 515-699-5999 (OR 1-800-294-8387) ext. 3938.

# My HealtheVet Navigation

**Note:** Features with an asterisk (*) require a premium account.

## Secure Messaging*

1

Messages

Inbox

Compose Message

Manage Folders

1. Select **Inbox**
2. Select the green **Compose Message** button, then
3. Click the dropdown menu next to the **To** field to select your provider or a health care team
4. Select your Subject and Type your Message
5. Send

***Note:*** *Messages should be nonurgent. Providers respond within 3 business days.*

2 **Compose a Message**

3 **To*** CI-MyHealtheVet$

4 Test

Test

5 **Send**

## View, Print, or Download Medical Reports*

1 Health Records

Blue Button Medical Reports

Labs and Tests

Track Health

1. Select **Blue Button Medical Reports**
2. Select **VA Blue Button Report, VA Health Summary**, or **VA Medical Images and Reports**
3. Select the date range and type information you want
4. Click on the blue **Submit** button,
5. View your data in a **PDF or Text File Report**

***NOTE:** VA Notes and Lab Tests have a **3 day waiting period** before they will appear in My HealtheVet*

2 VA Blue Button Report | VA Health Summary | VA Medical Images and Reports

3

4 **Submit**

5

DOWNLOAD YOUR DATA

| File Contents | File Name | File Size | Request Date | I want to... |
|---|---|---|---|---|
| Selected Health Data | | 33 kB | 24 May 2018 @ 1708 | View / Download PDF |
| Selected Health Data | | 3 kB | 24 May 2018 @ 1708 | View / Download TXT |

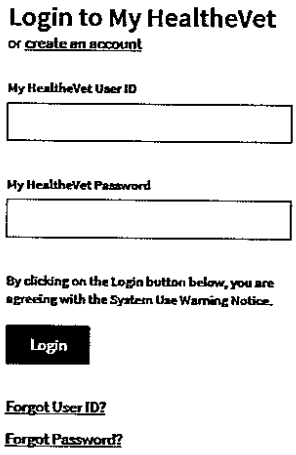

My Health, My Care: 24/7 Online Access to VA

# I forgot my User ID and/or I forgot my Password. What should I do?


Go to www.myhealth.va.gov

Click Login.

You can reset your password or retrieve your user name by going to Forgot User ID? or Forgot Password?




Then simply follow the online instructions.
All you need to know is:

Step 1: Fill in the following information

- First and Last Name
- Date of Birth
- Gender
- Answer the two Hint Questions.

Step 2: Retrieve your User ID - My HealtheVet will provide it on the screen

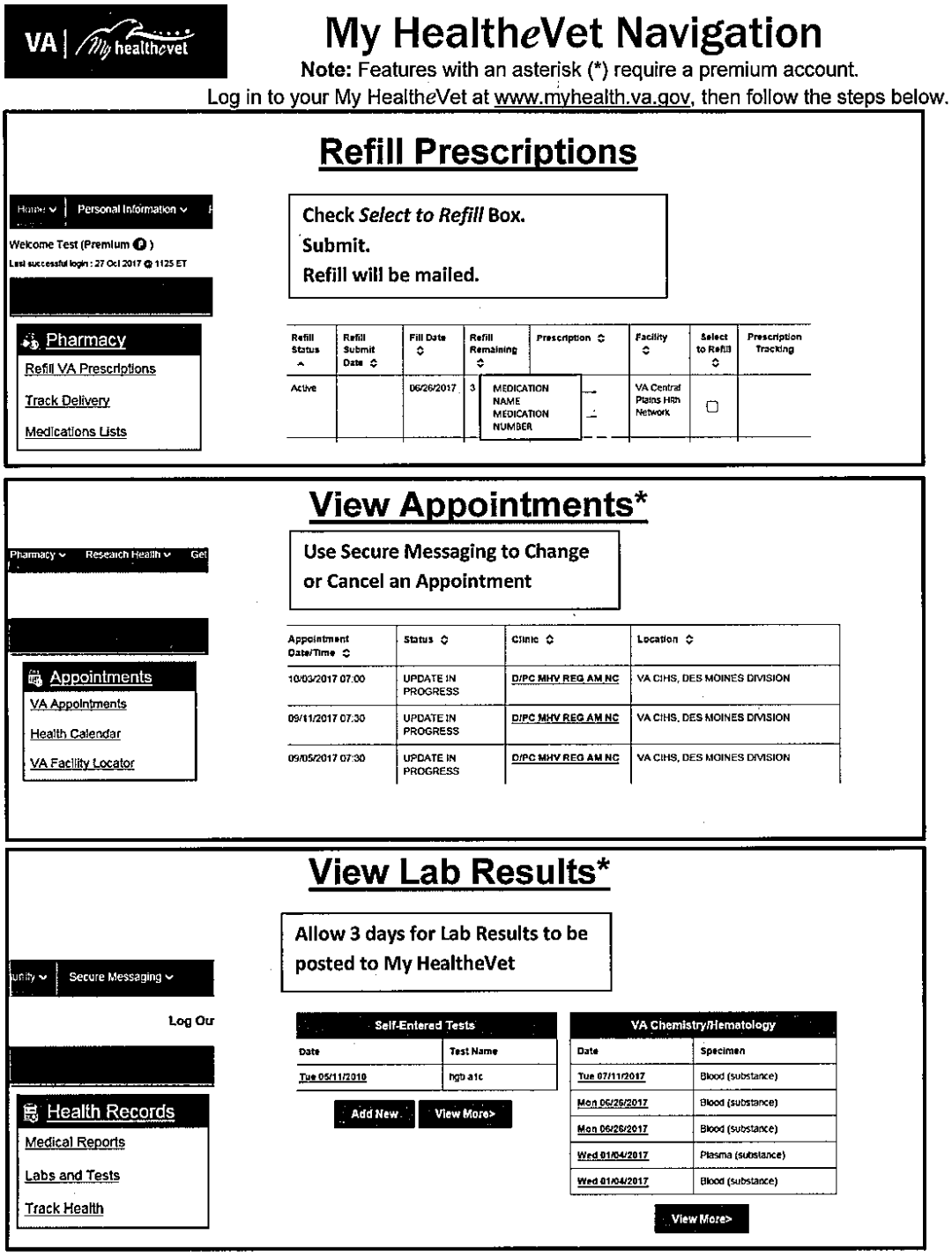
Step 3: **Next** go back to the **Login** page, select the link Forgot Password?

- You will be asked for your User ID (which you just received)
- Follow all the previous steps

Step 4: Reset your password (enter a new password with at least 1 letter, 1 number, and a special character (such as !, ?, &, etc.) Passwords are case sensitive.

***Note:*** *Once you have logged on to your account, you may want to review your hint questions and answers. These are found by selecting the Personal Information tab, then selecting My Profile. Scroll down to the bottom of the page. Make sure your hint answers are simple and easy for you to remember.*

If you need assistance with the Forgot Password feature, please contact the My HealtheVet Help Desk at 1-877-327-0022, 7am – 7pm, Monday – Friday.
Or you can send the Help Desk details using the Contact Us form.


VA | My healthevet
My HealtheVet Navigation
Note: Features with an asterisk (*) require a premium account.
Log in to your My HealtheVet at www.myhealth.va.gov, then follow the steps below.
Refill Prescriptions
Home | Personal Information
Welcome Test (Premium)
Last successful login: 27 Oct 2017 @ 1125 ET
Pharmacy
Refill VA Prescriptions
Track Delivery
Medications Lists
Check Select to Refill Box.
Submit.
Refill will be mailed.
Refill Status
Refill Submit Date
Fill Date
Refill Remaining
Prescription
Facility
Select to Refill
Prescription Tracking
Active
06/26/2017
3
MEDICATION NAME
MEDICATION NUMBER
VA Central Plains Hlth Network
View Appointments*
Pharmacy | Research Health | Get
Appointments
VA Appointments
Health Calendar
VA Facility Locator
Use Secure Messaging to Change or Cancel an Appointment
Appointment Date/Time
Status
Clinic
Location
10/03/2017 07:00
UPDATE IN PROGRESS
D/PC MHV REG AM NC
VA CIHS, DES MOINES DIVISION
09/11/2017 07:30
UPDATE IN PROGRESS
D/PC MHV REG AM NC
VA CIHS, DES MOINES DIVISION
09/05/2017 07:30
UPDATE IN PROGRESS
D/PC MHV REG AM NC
VA CIHS, DES MOINES DIVISION
View Lab Results*
Secure Messaging
Log Out
Health Records
Medical Reports
Labs and Tests
Track Health
Allow 3 days for Lab Results to be posted to My HealtheVet
Self-Entered Tests
Date
Test Name
Tue 05/11/2010
hgb a1c
Add New
View More>
VA Chemistry/Hematology
Date
Specimen
Tue 07/11/2017
Blood (substance)
Mon 06/26/2017
Blood (substance)
Mon 06/26/2017
Blood (substance)
Wed 01/04/2017
Plasma (substance)
Wed 01/04/2017
Blood (substance)
View More>

www.myhealth.va.gov

Online
My Health, My Care: 24/7 Access to VA

***Save Time –***

- **Prescription Refills**
- **Lab Results**
- **Appointments**
- **Secure Messaging Your Provider**
- **VA Notes, Xrays and Reports, Vitals and more**

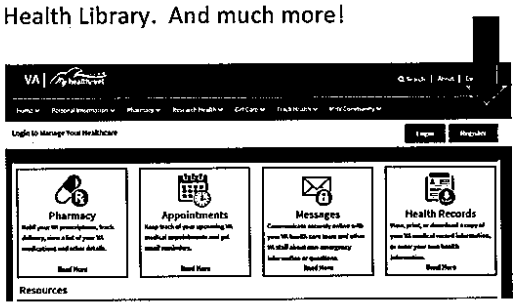
***All Online!***

## My HealtheVet is a free website for Veterans, designed to help you manage your healthcare.

With My HealtheVet, you can:

- Refill your VA prescriptions or request renewals online
- Use Secure Messaging to communicate with your Health Care Providers **
- See VA Appointments, and get Appointment Reminders by email **
- Use the Blue Button Report to see or download VA Notes, Xrays and Reports and more**
- Track your own health information - blood pressure, blood sugar , weight and pain, etc.
- Research health information in the Veterans' Health Library. And much more!

**Register now** at www.myhealth.va.gov
Click on the ***Register*** button and follow the instructions. Be sure to enter your name as it appears on your DD214, and check both VA **Patient** and **Veteran.**




Get a **Premium Account** and all the upgrade features: Visit your VA Medical Center or Clinic
Request your upgrade and show your government issued picture ID. Or call 515-699-5999, ext. 23938, to schedule your upgrade by VA Video Connect.

As part of your first appointment in Des Moines, you'll be scheduled at the My HealtheVet Station (D/PC MHV New Pt NC) in the Primary Care Check In Area to get Registered or Review your account status with our staff.

## Go to www.myhealth.va.gov now to get started!

For ***My HealtheVet*** questions, contact Susan Solinger, Central Iowa Connected Health Coordinator, 515-699-5999 (OR 1-800-294-8387) dial 9 and the ext. 23938.

***Already have an account but forgot your User Id or Password? See Reverse.***

****Premium Account Feature***

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

Appendix G

Post- Intervention Questionnaire

Identification Number: _____

Diagnosis: _____

1. **What account of My Healthevet do you currently have?**

| | |
|---|---|
| Basic | |
| Advance | |
| Premium | |

2. **How often do you utilize My Healthevet?**

| | |
|---|---|
| **Never** | |
| **Less than once a month** | |
| **Monthly** | |
| **Weekly** | |
| **Daily** | |
| **More than once a day** | |

3. **What services have you utilized on My Healthevet?**

| | |
|---|---|
| Self-entered health information | |
| Veterans' health library | |
| VA prescription refill | |
| Access VA health care notes | |
| Access VA lab results | |
| Schedule VA appointments | |
| Receive email appointment reminders | |
| Secure messaging with your health care team | |

4. **Satisfaction of Using My Healthevet**

| | Strongly disagree | Somewhat disagree | Somewhat agree | Strongly agree | Doesn't apply |
|---|---|---|---|---|---|
| My Healthevet is easy to navigate? | | | | | |
| Able to find information easily? | | | | | |
| I understand the information contained on | | | | | |

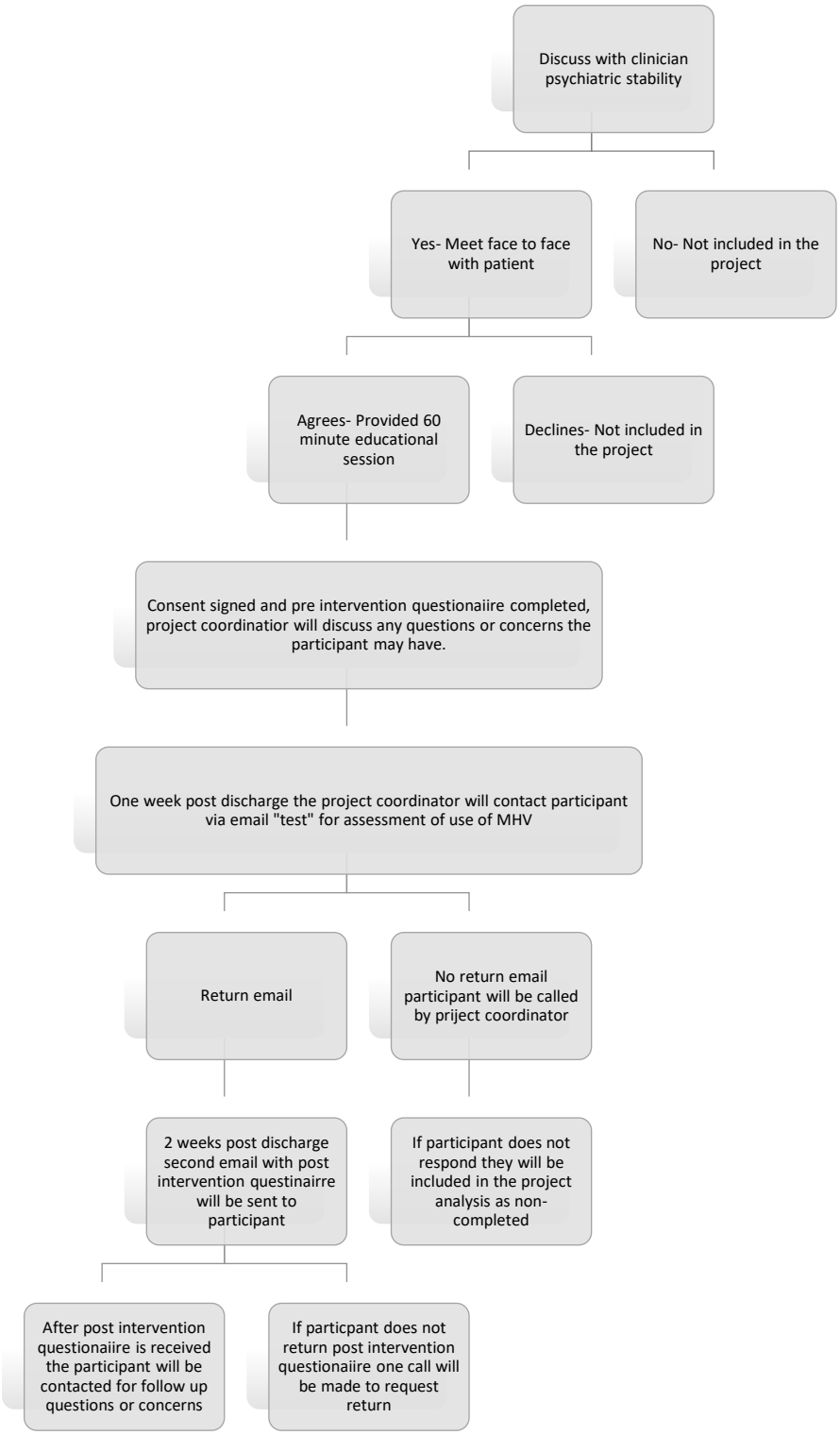
| | | | | | |
|---|---|---|---|---|---|
| My Healthevet? | | | | | |
| Information from My Healthevet is valuable to me? | | | | | |
| My Healthevet increases my interactions with my health care team? | | | | | |
| My Healthevet helps me follow my treatment plan? | | | | | |

5. **Barriers to using My Healthevet. Please write your answers.**

| |
|---|
| |
| |
| |
| |

# Appendix H

## Flow Chart of Project Procedure




# Appendix I

Demographic Data

| Age | Range | N |
|---|---|---|
| | 18-24 | 1 |
| | 25-34 | 3 |
| | 35-44 | 1 |
| | 45-54 | 2 |
| | 55-64 | 2 |
| | Above 65 | 1 |
| Total | | N=10 |
| | | |
| Gender | | N |
| | Male | 9 |
| | Female | 1 |
| Total | | N=10 |
| | | |
| Ethnicity | | N |
| | White | 10 |
| Total | | N=10 |
| | | |
| Living Arrangements | | N |
| | Own home | 5 |
| | Rent home | 3 |
| | Other | 2 |
| Total | | N=10 |
| | | |
| Marital status | | N |
| | Single never married | 1 |
| | Divorced | 5 |
| | Separated | 1 |
| | Married or cohabitating | 2 |
| | Widow or widower | 1 |
| Total | | N=10 |
| | | |
| Highest level of education | | N |
| | High school | 2 |
| | Some college | 4 |
| | Associates degree | 1 |
| | Trade school | 1 |
| | Bachelor’s degree | 2 |
| Total | | N=10 |
| | | |
| Internet access | | N |
| | Yes | 10 |

| | | |
|---|---|---|
| Total | | N=10 |

Appendix J

Internet usage times

N=10

| | Never | Less than once a month | Monthly | Weekly | Daily |
|---|---|---|---|---|---|
| Email | 0 | 2 | 1 | 1 | 6 |
| Order items | 1 | 2 | 3 | 0 | 4 |
| Research | 0 | 1 | 1 | 3 | 5 |
| Games | 1 | 0 | 1 | 1 | 7 |
| Social Media | 1 | 0 | 0 | 1 | 8 |

## Appendix K

## My Healthevet usage

| Currently have MHV | | N |
|---|---|---|
| | Yes | 7 |

| | | |
|---|---|---|
| | No | 3 |
| Total | | N=10 |
| | | |
| MHV account | | N |
| | No account | 3 |
| | Premium | 7 |
| Total | | N=10 |
| | | |
| Use of MHV | | N |
| | Never | 5 |
| | Less than once a month | 4 |
| | Monthly | 1 |
| Total | | N=10 |
| | | |
| Utilized services | | N |
| | Self-entered health information | 1 |
| | Veterans' health library | 1 |
| | VA prescription refill | 4 |
| | Access VA health care notes | 2 |
| | Access VA lab results | 1 |
| | Schedule VA appointments | 4 |
| | Secure messaging | 4 |
| Total | | N=17 |
| | | |
| Satisfaction of Using MHV | | N |
| | MHV is easy to navigate somewhat agree | 4 |
| | MHV is easy to navigate strongly agree | 1 |
| | Able to find information easily somewhat agree | 2 |
| | Able to find information easily strongly agree | 2 |
| | Understand information on MHV somewhat agree | 2 |
| | Understand information on MHV strongly agree | 2 |
| | Information on MHV is valuable somewhat agree | 1 |
| | Information on MHV is valuable strongly agree | 3 |
| | MHV increases interactions with health care team somewhat agree | 1 |

| | | |
|---|---|---|
| | MHV increases interactions with health care team strongly agree | 4 |
| | MHV helps follow treatment plan somewhat agree | 4 |
| | MHV help follow treatment plan strongly agree | 1 |
| Total | | N=27 |
| | | |
| Barriers to using MHV | | N |
| | No barriers | 2 |
| | Lack of knowledge | 6 |
| | Confusing | 2 |
| Total | | N=10 |

Appendix L

Post Intervention

N=2

| Internet use | | N |
|---|---|---|
| | Email daily | 2 |
| | Play games daily | 2 |
| | Social media | 2 |

| | | |
|---|---|---|
| Total | | N=6 |
| | | |
| Utilized services | | N |
| | VA prescription refill request | 1 |
| | Schedule VA appointment | 1 |
| | Secure message sent | 2 |
| Total | | N=4 |
| | | |
| Barriers to using MHV | | N |
| | No barriers | 2 |
| Total | | N=2 |