

FACT not FICTION: Building Evidence Based Personas at VHA

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INTRODUCTION

What is a Persona?

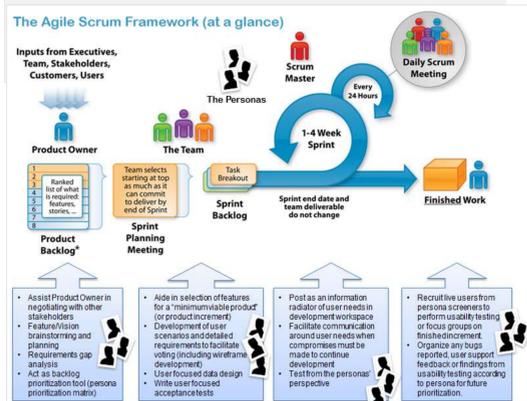
- A specific individual (but not a real person) who represents the needs and expectations of a larger group



Why Did We Create Personas?

- To help software development teams understand and empathize with the Veterans, Family Caregivers and Clinicians who use VHA health IT products
- To enable teams to focus on designing for a small, memorable set of users, while meeting the needs of many

How could these personas be used?



METHODS

Collect Data



Identifying good (and gettable) sources of data is time consuming! Raw data sets are ideal but can be difficult to obtain due to IRB limitations. Aggregated data sets were used for Veteran personas. A data call (questionnaire) was used to collect Clinician data. The Clinician data call included 63 questions focusing on Clinicians use of technology, barriers/motivators and relationships with care teams. 511 responses were received to this data call.

VA Clinician Data Call
1. Introduction to the Data Call

Thank you for agreeing to participate in our VHA Clinician Data Call user centered design to improve digital technology tools used by clinicians in the software development process. We can't fit it all in yourself in the software development process. We can't fit it all in yourself in the software development process. We can't fit it all in yourself in the software development process.

The information that you provide in this data call will be used by HFI or personas. Personas are a way to visually represent the technology software development teams better understand your needs for electronic health records and other digital technology build tools that are more useful and usable to you.

In order to make the Clinician personas truly representative of your tasks and needs, we need information about technology use, your job and technology use at work. Your answers matter. We very much appreciate your participation. Your participation is completely voluntary. All of the information that you provide will be kept confidential, and your email address, it will not be associated with the feedback you provide.

Primary Data References for Aggregated Veteran Persona Data:
Note: These data sources are available through the VA. Where available, links are given. To 1. National Survey of Veterans, Active Duty Service Members, Demobilized Natl 2. Blue Star Families 2014 Military Family Lifestyle Survey, Comprehensive Repo 3. Pew Research Center's Internet & American Life Project on Internet Use Heal 4. Unique Veterans Users Report FY2012, Prepared by the National Center for Ve 5. Profile of Veterans: 2011 Data from the American Community Survey Prepara 6. Characteristics of Rural Veterans: 2010, Data from the American Community 7. Veteran Internet Use and Engagement with Health Information Online, Houst 8. Connected Health Environmental Scan for the Office of Healthcare Transform 9. Improving Veterans Lives, 2012 10. Hidden Heroes America's Military Caregivers, Rand Corporation, 2014 11. MHV Information Slides, undated but they reference Connected Health data 12. VHA Reports and Measures Portal (RAMP) Top Diagnoses Report, updated 10

Identify Archetypes



Archetypes serve as a "pool" that can be used to create multiple personas, each of which have slightly different combinations of the group's characteristics.

Clinician Archetypes

- Direct Engager
- Intermittent Engager
- Indirect Engager

Clinician Archetype (C.1): [Direct Engager]

Description
These clinicians are the closest to the patient, either due to job responsibilities and/or their proactive nature. They are the most directly involved with a patient's care of any clinician. They see the patient frequently, especially when in an inpatient setting and act as the "tip of the spear" for patients in doctor's offices and clinics. They may deal directly with troubled or irate patients. They may process patients in and out of the clinical setting. They may review patient vitals and provide needed documents to patients, such as discharge instructions.

Demographics

- Age range in their 20s-70s-40s: 31%, 50s: 26%, 30s: 20%, 60s: 16%
- Female or male - female: 46%
- 15% of this group are Veterans
- Most likely roles: RN, LPN/LNAs, Case Managers, Ward Clerks, Nurse Practitioners, Physician's Assistants, Primary Care Doctors, Hospitalists, some specialists (e.g., Oncologists, Endocrinologists), Pharmacists and Dietitians
- Likely to be college educated or have technical/scientific training: may have a terminal degree (e.g., MD)
- Tenure working at the VA - under 5 years: 36%, 6-10 years: 29%, 11-20 years: 20%, over 20 years: 15%
- 85% work with outpatients
- Work in a VA Medical Center: 59%, a clinic: 36% or home healthcare: 3%
- Patients seen in a typical day: 11-15: 31%, 1-5: 16%, 6-10: 31%, others: 22%

Approach to Care

- All are key members of one or more PACT teams, predominantly in primary care: 100%, women's health: 7%
- 65% interested in viewing patient generated data (PGD), with 83% wanting the data integrated into patient records and care plans of PGD interest with adoption of PCC
- Strong adoption of PCC approaches: customizing care with the patient's needs: 79%, talking to patients about what's important to them: 73%, and discussing the patient's goals: 67%
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Technology

- Use VHA technology to track and enter and enter patient data (including orders, medication and PGD): 96%
- Communicate with patients: 79%, and with the team: 77%
- Likely to have at least intermediate technology skills - Intermediate: 46%, Advanced: Intermediate: 27%, Advanced Beginner: 15%, others: 11%
- Tech skills very strong for clinicians under 50, with a modest drop off after 50
- May use paper for note taking, especially older clinicians
- 99% use desktops or laptops for their personal lives, with communicating with others, online research and browsing the internet as their top activities
- 83% have a smart phone, with texting, calls and photos: the most used functions: 25% use a personal fitness tracker

Barriers to PCC

- Not having the time: 54% or technology: 28% and feeling that patients are not comfortable with PCC: 25%
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Concerns

- Main pain points were VHA systems taking too long: 54%, too many clicks: 54%, too many alerts: 43% and information hard to locate: 41%

Veteran Archetype (A.2): [Post-9/11 Male Veteran]

Description
These Veterans volunteered for duty after the 9/11 attacks on our county, and served in the Iraq and/or Afghan theaters. Combat exposure for many in this group was high, contributing to high levels of PTSD and other mental health issues.

Demographics

- Male
- Between 18 and 44
- Any race/ethnicity, predominantly White/Non-Hispanic
- Live in rural areas, towns and cities
- Either married or divorced or single
- Range of household income from less than \$20,000 to over \$100,000 per year
- Education range of a high school graduate through a master's degree
- Disability ranking of none or 0% through 100%
- Rank may be Enlisted, Warrant or Commissioned Officer
- Most live in areas with less than 50,000 residents or a rural area
- Served after 9/11 and experienced relatively greater combat exposure
- For Iraq/Afghanistan Veterans, Army and Marine on average deployed 2-3 times, Air Force & Navy less than 1 time

Healthcare

- Likely to have been diagnosed with one or more of these: heart disease, obesity, hypertension, high cholesterol, GI disease, depression, anxiety, lower back/vertebral pain, PTSD
- Type II diabetes (with or without complications) and/or acid reflux
- May get flu vaccines or smoking cessation services through the VA
- Many are being treated for chemical exposure (e.g., burn pit chemicals)
- May use various VA services, including counseling

Technology, Concerns

- Use the internet weekly or daily, with high email, laptop/desktop, text usage, near universal cell phone usage and high TV usage
- Use a smart phone and high gaming usage
- May use services such as the Veterans Crisis Line via phone or text
- Pain points may include not feeling apps are secure, concern over text usage, near universal cell phone usage and high TV usage
- Difficult to set up and not used at all facilities, and Rx Refill forms difficult to understand and reminders not sent
- Other issues with VHA websites: file account levels, signon, poor search, too much information, slow download speeds, too many pages to print on MBS, can't always view and paste. Also looks and feels we not always available.

METHODS

Build Personas



While archetypes represent a group or range of user characteristics, a persona is a single individual with characteristics selected from those of the archetype. For example, if the archetype included males between 25 and 40 years old, the persona Bob might be 27 years old. To derive personas from the archetypes, we held workshops with clinicians and stakeholders. In the workshops, we:

- Discussed the characteristics of each archetype
- Asked participants to "Vote" on the 8 characteristics to include for each persona
- Discussed the results and built the components of each persona

YOUR VOTE COUNTS

- Select Technology Knowledge & Interests
- Select Use of VA HIT
- Select Pain Points
- Select Motivators
- Select Approach to Patient Centered Care
- Select Humanizing Characteristics (Name; Photo; Social Narrative)
- Select Quote

Direct Engager
"I think it is best to communicate with the patient directly. If they have any questions they could be addressed at that time."
Caring | Compassionate | Dedicated

Barriers & Enablers to PCC

- Don't have the technology to support it
- Don't have the time
- Support from peers enables addition of PCC

Communication

- Veteran in person (most of the time), Phone & Secure Messaging (on behalf of doc)
- PACT | Person (most of the time), Phone, Email
- Teleguard: Text

Pain Points & Motivators

- To many clicks
- To many steps
- Match my workflow
- Support clinical decision making
- Make connections in data that can't really be seen
- Easy documentation burden.

My Technology Knowledge

- Drop (Fitness), Low gaming knowledge

Post-9/11 Era Male Veteran
"Properly utilized, the VA saves me money and time getting care."
Unsatisfied | Tough | Loyal

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Validate Personas



To increase confidence in the accuracy of the personas created in our workshops, we convened focus groups with Veterans and Clinicians to obtain feedback on how real the personas appeared to them. As an additional validation measure, we used the persona characteristics to recruit Veteran focus group participants.

Pamela, RN
"We need software that is more user friendly and faster. They keep giving us more to do and no more people to do it."
Caring for people is not what Pamela does; rather it is who she is. She needs technology to help her help people, not get in the way of that.

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Byron
"I saw things in Iraq that haunt me. What's important to me now is my family and providing security for them."
Unsatisfied | Tough | Loyal

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