

VISTA Community Meeting
Day One: January 14, 2011
Afternoon Session

Topic: APHID (Automated Patient History Intake Device) aka Patient Kiosk

Presenter: Robert Felder, Developer, Department of Veterans Affairs

Mr. Felder began by acknowledging the contributions of the entire project team for APHID:

Blake Lesseroth
Rob Felder
Victoria Church
Shawn Adams
Phillip Cauthers
David Dorr
David Douglas

The team was tasked with developing kiosks for patient sign-ins at the Portland VA. Challenge: why use this? Paper and pencil work just fine, and patients know how to use them. There was no patient-facing software in the VA (or anywhere else they could find), so they weren't sure what to do, or if patients would even use it.

APHID has been in production since 2007. First development was on a shoestring; but they got some money from National once they got a prototype running.

Collection Details:
demographic info
insurance

History Collection Details:
basic medical review
allergy review
medication lists
data available in CPRS notes as free text data objects

With medication lists, they found they could use images matched with dispense data and national drug code numbers, so that patients would be looking at pictures of medication when confirming whether or not they were still taking it.

When the kiosks were put into use, the team found that the best way to use them was to put them at a "front desk" where patients are accustomed to check in, with a staff person available for assistance. When kiosks were placed across the waiting room, away from the staff desk, patients were far less likely to use them.

The program does not write to VISTA; it gets validated by VA employees before it gets changed in the patient's record.

APHID allows the patient to check in for all the day's appointments. The project team ran into some control issues here; some clinics wanted their patients to check in personally with them, rather than relying on a remote check-in.

Allergies and meds get reviewed and checked. Medication checks come with pictures. At the finish, patients are instructed where to wait and whether the clinic needs to look at their insurance cards.

Mr. Felder stressed that it is not enough just to put the technology at a site. Everybody needs to understand how the technology is integrated into the normal patient process.

Results: 85% of primary care patients could use the kiosk. Over 200,000 encounters have been checked in. The system has been available 99% of the time (mean time between downtimes is 243 days).

Time: If the patient is too close to appointment time, only demographic data is collected (history is skipped). If a patient is more than 10 minutes late, generally they can't use APHID at all and must check in with staff.

Future of APHID:

Vecna has taken it up and will distribute it nationally. Two test sites are due to come online in March, and more sites in the future.

However, the code isn't going anywhere, so anyone interested in further use/development would be able to. It is essentially Class II code.

Q: Is there overlap with My Health^eVet?

A: That will be part of Vecna's mandate.

Q: How does this fit in with the VA initiative to open-source its software?

A: It doesn't. I hadn't heard about that.

Q: Could this be used for new patients? To get a history?

A: It's a limited history. But different clinics might have different forms they'd like to use. We found that too much information made the patients take longer, and there are limited numbers of terminals.

Q: Most people may not be aware that you have your own nicer version of CPRS. Has there been any discussion of making that more widely available?

A: Well, I didn't make those changes. Some of them took years and years. They are slowly coming out. Some have been adopted by National.

Further questions can be addressed to robert.felder@va.gov.