

VA Health Services Research & Development Service



State of the Art Conference

Workgroup

VA Virtual Care Engagement

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Engagement Workgroup Members – Thank You!

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Engagement Question #1

Based on the existing evidence about factors that influence engagement with VC among Veterans, what additional research is needed to understand such factors?

What we Know

- We know more about the role of patient-level factors (compared to clinical team and/or system level factors) and their influence on engagement
 - E.g., age, literacy, education
- We know that some factors are modifiable, but others less so
- Among VA clinical team members, we know time is limited and there is considerable workload burden
- Patients want choices and to be able to share data

Research Gaps

- We lack a full understanding of
 - How to develop and consistently use measures of engagement that make sense for different technology platforms and use cases
 - The range of technologies (including those beyond VA technologies and those for healthcare) that Veterans use in their daily lives
 - How clinical team and system level factors influence VC engagement
 - How best to leverage stakeholders other than clinical team members to promote VC engagement
 - How automation can be leveraged to reduce burden associated with initial adoption and how it can promote sustained use
 - How to design VC to address what we often consider non-modifiable factors (e.g., age-related vision difficulties, hand-eye coordination, etc.)

Top 3 Research Priorities

From highest number of total votes:

- How can we best utilize non-clinical stakeholders, ranging from facility staff to family members and other informal caregivers, to support Veteran initial adoption and sustained use of VC?
- How can we develop and disseminate context-sensitive measures of engagement appropriate for different VC platforms and use cases?
- How can we more fully characterize and evaluate the role of clinical team member, facility, and system-level factors on Veteran engagement with VC?

Engagement Question #2

Based on the existing evidence, what strategies at the Veteran, clinical team, and/or system levels show the most promise in supporting Veteran engagement with VC?

What we Know

- In general, the evidence regarding strategies to increase patient engagement with VC technologies is less developed than the evidence regarding factors influencing engagement
- Research has not clearly delineated strategies to support initial adoption from those to support sustained use
 - Work to date has focused more on strategies to support initial adoption
- There are several strategies at different levels, based on existing evidence, that show promise

Individual

- Provider endorsement of VC technologies increases Veteran engagement
- Promoting awareness of VC technologies
- Facilitation-based initiatives (e.g., problem-solving, trouble-shooting)

System

- Local champions
- Internal facilitators
- Management and leadership support

Research Gaps

We lack a full understanding of:

- When to introduce VC technologies to Veterans to maximize adoption/sustained use
 - How support for engagement should change over time with a Veteran's experience and exposure to VC technologies
 - The translation of existing "implementation" strategies to the context of VC technologies
 - How to combine strategies that show promise to maximize impact
 - How to scale up strategies for broader use after their effectiveness has been demonstrated
 - The role of personalization and automation in maximizing engagement
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- Ongoing organizational initiatives within VA to promote Veteran engagement (e.g., virtual health resource centers) (Evaluation)
 - Past VC implementations within VA and the lessons that we can learn from them and pay forward to future implementations (Evaluation)

Top 3 Research Priorities

From highest number of total votes:

- Testing promising strategies in meaningful combinations to promote adoption and/or sustained use of VC
- Translating established strategies applied in other non-tech contexts to the realm of VC technologies
- Designing and testing strategies that can be integrated into clinical workflows that offload tasks to non-clinical stakeholders (e.g., other facility staff, informal caregivers)

Engagement Question #3

What additional research beyond factors and strategies is needed to enhance Veteran engagement with VC?

What we Know

- N/A

Research Gaps

We do not have a full understanding of:

- The Veteran journey, including their healthcare use and data across systems of care, and how Veterans are introduced to VC and how easy it is for them to register and use
- Where Veterans are now, post-pandemic, in terms of their healthcare priorities, goals, and desires for engagement with VC technologies (we need to reassess the “state of the state”)
- The information and technology environments of Veterans more broadly, including their use of non-VA VC technologies and how that might influence engagement with VA VC technologies
- Appropriate engagement measures across VC technologies and use cases (agreed upon, consistently used)
- How to promote a culture of trust and perceived value in VC technologies in the face of dynamic system (e.g., Cerner) and public health (e.g., ongoing pandemic) changes
- The role of informal caregivers (family, friends, peers) in promoting adoption and sustained use over time of VC among Veterans

Top 2 Research Priorities

From highest number of total votes:

- How can we understand the Veteran journey, from the period of active service to the period of being a VA patient, and when and how VC can best be introduced along that journey to maximize engagement
- Understanding the role of informal caregivers (family, friends, peers) in promoting adoption and sustained use of VC over time among Veterans, and testing ways to support informal caregivers in that role