



The “Blue Button”
Adding a data download capability for consumers
A collaborative project between the Centers for Medicare & Medicaid Services (CMS)
and the Department of Veterans Affairs (VA)
Questions from the on-line meeting on May 10, 2010

Blue Button Virtual Meeting – Questions and Answers	
Question	Answer
<p>Do either CMS or VA have thoughts on the most likely use of an individual download capability?</p>	<p>Both CMS and VA believe that the ability for an individual to download his or her information is one of a variety of steps to encourage individuals to become more engaged in managing their health care. By providing easy access to personal information, individuals are enabled to understand more about their conditions, and to ask more timely questions of their providers. As individuals begin to really see their own information, they may feel more comfortable talking to their provider about certain things. Making records secure, convenient and portable is another mechanism to encourage individuals to access to their data, share it, ask questions or seek assistance with problems.</p>
<p>What accommodations are being made to address accessibility issues for those with disabilities?</p> <p>Are the websites accessible to those with disabilities?</p>	<p>CMS and VA response: All federal agencies are deeply committed to ensuring that communications and information meet accessibility standards to accommodate those with disabilities. All products are designed to meet and/or exceed Section 508 requirements. Additionally, content is written in plain and easy-to-understand English to address health literacy needs.</p> <p>At the VA, collaboration with Veteran Service Organizations has resulted in positive feedback as well as suggested enhancements to improve accessibility and usability.</p>

Blue Button Virtual Meeting – Questions and Answers	
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	Both MyMedicare.gov and My Health eVet are fully accessible to those with disabilities, in compliance with Section 508 of the Americans With Disabilities Act.
What are the biggest avoidable (health care) costs you currently face that the download capability (Blue Button) might be able to help address?	CMS and VA both provide services to individuals with chronic conditions. Yet these populations are at high risk for non compliance with medications, inability to keep medical appointments or return for tests to track their status. Poor reactions to medications, unmanaged complications or delayed treatment result in potentially avoidable health care costs. By encouraging and enabling individuals to take advantage of access to their own information, and understand the consequences of their actions (or inactions), some complications and related costs may be prevented or mitigated in the future.
When do you envision the download (Blue Button) functionality being ready and what are anticipated steps from concept to production?	Both CMS and the VA have committed publicly to make the download (Blue Button) available in the fall of 2010.
To what extent will the exchange of data utilize NHIN Standards? Would the "BlueButton" effectively execute an NHIN query? If so would each CMS or VA stand up an NHIN gateway to populate a commercial PHR which a beneficiary might select?	The NHIN is not part of the Phase 1 implementation for the Blue Button project for either CMS or the VA.
Will HHS make the "BlueButton a requirement of future state HIEs that are receiving HITECH funding?	The purpose of the Blue Button project is to enable beneficiaries to download their own information and use it for their own purposes. It is a CMS specific program, tied directly to claims and personally

Blue Button Virtual Meeting – Questions and Answers	
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	entered data housed at CMS. At present, there are no plans to tie the Blue Button to HITECH.
What is the level of CMS or VA recognition of the value to link to exports that would link to the health exchange requirement of ARRA EHR adoption incentives to the industry?	<p>CMS response. This is an excellent question, and one which will be included in future planning for both EHR and PHR related initiatives. There is recognition at CMS and the VA regarding the value of data linkages, by whatever means possible. It is not in the current scope of the Blue Button project to explore these connections, but certainly may be considered for a future phase.</p> <p>VA response: This is a great question. At this time, VA does not anticipate direct impact on incentives as described by ARRA EHR, but we are certainly open to the possibility that this PHR mechanism might.</p>
Question for VA. “Did you say "75% of Veterans visit My Health ^e Vet to order an Rx refill" or 75% of Veterans registered on My Health ^e Vet?	<p>We use the American Customer Satisfaction Index (ACSI) Survey to elicit feedback from Veteran users about My Health^eVet and preferences for additional services. From this data we know that 75% of a random sample of site visitors who visited four or more pages on the site reported that they came to the site to use the online prescription refill feature.</p> <p>More information about our use of ACSI is available:</p> <p>Nazi, K. (2010). Veterans’ voices: Use of the American Customer Satisfaction Index (ACSI) Survey to identify My Health^eVet Personal Health Record user’s characteristics, needs, and preferences. <i>JAMIA</i>, 17(2): 203-211.</p>
Is a "Simple flat file" perhaps not quite so	CMS response: At this point our strategy



Blue Button Virtual Meeting – Questions and Answers	
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<p>simple in the context of CCD, HIE, PHR and current standards initiatives? Are VA and CMS seeking to create a new "flat file" standard, in the middle of the current industry challenges of adoption?</p>	<p>has not been fully developed. However, our efforts should not be interpreted as intent to create or encourage a new “flat file” standard. We support the use of industry standards for purposes of interoperability and ease of data exchange.</p> <p>VA response: We do not intend to create another standard. We are simply providing the text information in an easy-to-read, easy-to-parse format.</p>
<p>Does either the VA or Medicare support reminders over mobile devices?</p>	<p>CMS response: Currently, CMS does not support reminders over mobile devices. However MyMedicare.Gov does send out reminder emails when preventive services are due.</p> <p>VA response: My Health^eVet Wellness Reminders are currently available to VA patients who have been In Person Authenticated. Secure Messaging is available at selected VA facilities with further expansion underway. We are currently exploring the potential to enable use of mobile devices as an additional platform for communication.</p>
<p>What is the plan for using CCR by either CMS and/or VA for purposes of this project?</p>	<p>The Virtual Meeting presented an important opportunity for providing the public with synthetic sample data sets in plain text format to enable early industry feedback. Both CMS and VA recognize the value of emerging technology standards and will continue to seek industry feedback on standards and file formats as well as content to enhance the value of electronic data to consumers.</p>

Blue Button Virtual Meeting – Questions and Answers	
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How many veterans are there today?	As noted in the virtual meeting, the U.S. Veteran population is currently projected at 23.067 M. The number of Veterans enrolled in VA Health Care System was 8.061 M in Fiscal Year 09. The number of total unique patients treated at VA in Fiscal Year 09 was 5.744 M. The VA National Center for Veterans Analysis and Statistics publishes data about the Veteran population at http://www1.va.gov/vetdata/
How do you address mental health issues, e.g. PTSD within the context of My Health ^e Vet?	The My Health ^e Vet PHR includes information, tools, and resources to address mental health issues. A few examples are noted below: <ul style="list-style-type: none"> • The My Health^eVet Learning Center, developed in collaboration with the DoD, includes three online mental health courses (Manage Your Stress, Manage Your Triggers, Succeed at Work) • The Research Health tab includes a Mental Health content library which provides access to Four Mental Health Screening Tools, Mental Health Education Resources, and a new online course: Considering Professional Help. • Additional content libraries provide information and resources for specific conditions including a PTSD Condition Center •
Do you have any mock screens yet that will show how the "button" will look and how it will be communicated to the users?	There are no screens available for CMS yet. The VA has created a mock screen shot and has been developing collateral communications to make our stakeholders aware of this new PHR capability.

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Can someone upload data/records (from other sources) into their My Health ^e Vet account?	Registered My Health ^e Vet users can currently self-enter data in their Personal Health Record. File uploads from other sources are currently not available; however we recognize that this feature may be desirable and are exploring the potential benefits of this functionality for future development.
In MyHealth ^e Vet, in the Track Health portion, is all the data self entered or is some (labs, immunizations, etc) pulled from the claims data or other sources?	Currently, all data in the Track Health section of the My Health ^e Vet Personal Health Record is self-entered. As of April 2010, more than 159,000 unique users have self-entered information.
Beyond CMS and VA, how will the federal government drive adoption & use of Blue Button, e.g. within the context of federally funded HIEs?	We can drive adoption in three ways: <ul style="list-style-type: none"> • by ensuring that the data are accessible, useful, and secure; • by partnering with stakeholders to build free or inexpensive value-added applications and; • by stimulating demand through meaningful use and other policy mechanisms.
When can the user get a CCR instead of or along with a printable file?	CMS response: our strategy on this point will be further developed after implementation and evaluation of Phase 1 of the project. VA response: VA is committed to using the standards endorsed by HHS for Health Information Exchange.
Question/comment re: files: Can both CMS and VA provide more codes for the different data points? examples: LOINC codes for labs, RxNorm or NDC codes for medications, NPI for providers In the VA files, conditions section there is	VA response: With respect to the VA files and various sections, the synthetic sample data sets were manually constructed to demonstrate the kinds of data available and the value of combining Electronic Health Record data with patient self reported data in the PHR. As we identify requirements for implementing the Blue

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<p>one sample (VAMHVFour) where the free text part has resolution date for some of the conditions. Can you provide this as a new column in the table?</p> <p>In the VA files, vitals section, there are two conflicting formats. VAMHVTwo has a format similar to the Lab Results section and VAMHVFour has a completely different format. Are both formats possible in the same sheet?</p> <p>In the CMS Blue Button project files can you give some background about the Preventive Services section? Is there a list of such services that we can look on? Does eligibility mean the patient actually took advantage of the service?</p>	<p>Button in the My Health^eVet portal we will enable consistency in both data classes and attributes.</p> <p>CMS response: CMS does not have access to LOINC codes, RxNorm or NDC codes for medications.</p> <p>Medicare covers the preventive services listed below. The eligibility for the next available eligible service date for each service is maintained on a convenient calendar on the MyMedicare.gov website to help beneficiaries plan and set appointments. A date in that field does not mean that the person took advantage of the service, only that s/he is eligible to do so. The claims data would indicate that s/he had in fact had the appointment.</p> <p>These are the covered preventive services:</p> <ul style="list-style-type: none"> • "Welcome to Medicare" Physical Exam • Cardiovascular Screening • Screening Mammography • Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) • Colon Cancer Screening (includes Fecal Occult Blood, Sigmoidoscopy, Colonoscopy, and Barium Enema) • Prostate Cancer Screening (PSA) • Pneumococcal Vaccine • Diabetes Screening, Supplies and Self-Management Training • Smoking Cessation • Abdominal Aortic Aneurysm