MU MONTHLY

Meaningful Use
INDIAN HEALTH SERVICE
Improving Health Care within the Indian Health System

Contents of this Issue

To suggest a specific topic for the newsletter, email coleen.maddy@ihs.gov.

PREPARING FOR THE PHR

One of the many exciting components of the 2014 RPMS EHR includes a Personal Health Record (PHR). This application will allow patients to review their health information through an online portal. Implementation of the PHR, however, will require specific preparations to help ensure that patient access and secure messaging are securely established.

Before describing the registration process, it is helpful to understand the following terminology.

- **The PHR** involves two applications: (1) the patient portal for viewing health information and (2) the administration application, which links the patient's PHR account with his or her medical record.

- **The PHR registrar** is the person who connects a patient's PHR account with his or her medical record. The PHR registrar will provide ongoing support to patients and will be able to reset passwords or other support activities. A site may have more than one PHR registrar.

- **The PHR administrator** is the person at the local facility who assigns and removes registration privileges for PHR Registrars. The PHR administrator may also serve as a PHR registrar.

- **A secure message** is an encrypted email that *may* contain personal health information. **The message agent** is the person(s) at the local site who receives secure email messages from patients. This person triages the messages and shares them as appropriate, much like the person who answers the clinic phone. The message agent can be a clinic clerk, nurse, case manager, physician, or any health care provider who has completed the HIPAA agreements. Message agents may be assigned in two ways:

1. Each facility will have a facility email address that will serve as the default. The message agent will have access to this address and will be responsible for providing timely follow-up. This option may work for small facilities.

2. Facilities may have multiple message agents. These agents may be identified in the Designated Primary Care Provider package under a new table. This option may work at small facilities as well as larger facilities. Once messages agents are identified, they can be assigned to patients. Two methods have been developed to facilitate this process:

   a. All of a provider's patients can be assigned via a routine in RPMS to one message agent.

   b. Patients can be assigned individually in the Designated Primary Care Provider package.

These options allow for customization and flexibility. For example, all of Dr. Smith's patients can be assigned to one message agent using option (a), but a selection of patients can be assigned to the case manager using option (b).

Registering for a PHR account

Patients may create a PHR account with a unique username and password at https://phr.ihs.gov. They will enter demographic information that will assist in matching their PHR account with their appropriate medical record and, after creating the PHR account, patients will be instructed to take a valid form of identification to their health care facility. At this point, patients have a PHR account but cannot view any of their health information; they will need to validate their identity with the PHR registrar first.

The second step is for the PHR account and RPMS medical record information to be linked by a PHR

The next issue will be distributed December 6. Submit articles for publication to Coleen Maddy by November 22.

registrar. The PHR registrar validates the patient's identity. Using the PHR administration application, the PHR registrar will identify the RPMS-EHR using health care facilities where the patient has received care (through the Master Patient Index). After reviewing the information with the patient, the medical records will be linked to the patient's PHR account. At this point, the patient will be able to view his or her health information.

During the PHR registration process, the PHR registrar will create an email account for the patient to send and receive secure messages. Patients will only be able to send email messages to the message agent identified at the facility after logging in to their PHR account.

As a reminder, the PHR will address the following performance measures:

- More than 50 percent of all unique patients are provided timely online access to their health information. More than five percent of all unique patients (or their authorized representatives) view, download, or transmit their health information to a third party. More than five percent of unique patients (or their authorized representatives) send a secure message using the electronic messaging function of CEHRT.

The PHR can be used as an electronic option for meeting this core measure:

- Clinical summaries provided to patients or patient-authorized representatives within one business day for more than 50 percent of office visits.

Summary of PHR preparation

1. Identify the PHR administrator.
2. Identify the PHR registrar(s).
3. Create a process for patients to meet with the PHR Registrar.
- Who will register patients?
- At what point during the visit will they be registered?

- Will the PHR registrar be a full-time position or have assigned duties?
- How will patients know who to contact?
4. Identify the message agent(s).
- Create a plan and policy for assigning message agents.
- How will message agents distribute information to the appropriate clinical staff?
- Will providers contact patients directly, or will the message agent send all messages?
- In what time frame will patient messages be reviewed and acted upon?
- What is the plan for forwarding messages when the message agent is out of the office?
5. Develop a PHR awareness campaign and identify resources to make patients aware of the PHR. As go-live approaches, provide information explaining how patients register for a PHR account.
6. Document patient access to the PHR in order to meet performance measure targets.
- Access to the PHR is defined as providing the patient with information needed to be able to create a PHR account. This can be accomplished by disseminating a handout through the patient registration staff (who can document that the handout was provided in the registration package) or by providing information through the clinical staff and documenting that the education was provided (patient education code Administrative Functions-Personal Health Record). Other information such as logging into the PHR and sending secure messages will be captured automatically in the Performance Measures Report.

The PHR can be a powerful tool to help patients engage in their care. Planning is required to provide patients with access to their accounts, especially in the early stages. The Office of Information Technology will offer training about the PHR and the PHR administration application and will provide a variety of resources to assist you and your patients.

The next issue will be distributed December 6. Submit articles for publication to Coleen Maddy by November 22, 2013.

2

VISTA IMAGING AND 2014 RPMS EHR:

Understanding the Relationship

The 2014 RPMS EHR will be certified as a complete module and is substantially more complex than its 2011 predecessor. As a result, **all** packages and modules that make up the 2014 RPMS EHR, including VistA Imaging (VI), will have to be installed, regardless of the MU stage in 2014. Let's take a closer look at VistA Imaging and how it will be used in the certified EHR.

VistA Imaging plays an important role in demonstrating MU Stage 2 because it stores the Consolidated Clinical Summary Document (CCD), which replaces the C32 for outside clinical summaries.

Here's how it works. When a CCD is sent via Direct e-mail, the person who receives the e-mail will open the CCD attachment, verify the patient's identity, and import the CCD into VistA Imaging. The CCD can be viewed using the Display client. (Facilities currently using VI to scan documents or import digital photos already have the components necessary to store the CCD documents.)

In addition, the CCD will be used by the new EHR Clinical Information Reconciliation tool to compare and reconcile information such as meds, allergies, and problems in the CCD with information already in the patient's RPMS record. Once the information has been reconciled, the CCD can be stored in VistA Imaging.

VistA Imaging will also be used to meet the Imaging menu objective. This measure requires that 10 percent of radiology exams with attached images be accessible via the certified EHR. Although this measure is optional for Stage 2, meeting it with the RPMS EHR will require that sites store their radiology images in VistA Imaging. Doing so may require additional hardware and software for those facilities only doing document scanning.

See http://www.ihs.gov/vistaimaging/ to learn more.

EHR Imaging Viewer for 2014 Certification

A new imaging viewer, to be released with EHR patch 13, will allow users to click on the blue icon on the Notes tab or Report tab and view either the scanned document or the radiology image. This new viewer allows users to see images without opening and logging into Clinical Display. The viewer has many of the same functions as the Display client, but it does not replace all of these functions. To operate the viewer, facilities must be using VistA Imaging to scan their paper documents, import their digital photos, or store their radiology images.

Patches supporting MU Stage 2

- IHS_MAGINDEX_APR2013.KID - contains the new document/image type of CCD (released in April 2013)
- MAG3_OP_140.KID and client - the new Clinical Capture client that adds the XML file type to the Imaging file type file for the CCD (will be released later this fall)

Other updates not required for MU

- MAG3_0P124.kid - update for AWIV (IHS doesn't use the client)
- MAG3_0P127.kid - update for Telereader (IHS doesn't use the client)
- MAG3_0P129.KID - update for Clinical Capture client for Accusoft Maintenance
- MAG3_0P131.KID and client - update for Clinical Display client for Scout lines for radiology images
- MAG3_0P140.KID and client - update for Clinical Capture client to scan multi-page color images to save as PDF documents and includes the ability to capture XML files
- MAG3_0P133.KID and client - update for VistA Rad client
- MAG3_0P135.KID and client - update for Background Processor

The next issue will be distributed December 6. Submit articles for publication to Coleen Maddy by November 22, 2013.

3