



2019 Indian Health Service Partnership Conference

Spokane, Washington



RPMS DIRECT MESSAGING & TRANSITION OF CARE

Presenter: Tammy Brewer, CPC Clinical Informaticist

PANEL MEMBERS GREAT PLAINS AREA

DaJuanna Bissonette

- Health Information Management
- Pine Ridge Hospital-Pine Ridge, South Dakota

Charlene Lends His Horse

- Health Information Management
- Cheyenne River – Eagle Butte, South Dakota

Leslye Rauth

- Clinical Informaticist
- Great Plains Area Office

Janeen Richter

- Health Information Management
- W.W. Keeble Health Care Clinic – Sisseton, South Dakota

OBJECTIVES

- Understand patient centered care goal of interoperability
- Understand direct messaging roles and responsibilities
- Understand Personal Health Record (PHR) roles and responsibilities
- Understand Consolidated Clinical Documentation Architecture (CCDA)
- Understand Transition of Care (TOC) function
- Understand Clinical Summary function
- Delineate Transition of Care sending and receiving
- Great Plains Area (GPA) evaluation and opportunities to improve
- Great Plains Best Practices
- Discuss lessons learned

CENTERS FOR MEDICAID AND MEDICARE SERVICES (CMS)

- **Promoting Interoperability (PI)**
2019 (formerly Meaningful Use):
- **Merit Based Incentive Program**

PROMOTING INTEROPERABILITY 2019

DIRECT use cases for 2019 IPPS final rule

Medicare Hospitals-Support Electronic Referral Loops by:

- Sending Health Information: create and send, for at least one referral, a transition of care record (CCDA) using Certified Electronic Health Record Technology (CEHRT)
- Receiving and Incorporating Health Information: for at least one Electronic Summary of Care, or for a new patient, hospital conducts clinical information reconciliation for medication, medication allergy, and current problem list.

Medicaid Eligible Professional:

- Coordination of Care through Patient Engagement: Secure Messaging (5%)
- Health Information Exchange:
 - Create and electronically exchange summary of care for transitions of care and referrals (>50%)
 - Transitions in or referrals received: incorporate an electronic summary of care document into the patient's EHR (>40%)
 - Transition or referrals received, or new patient encounter: Clinical information reconciliation (medications, medication allergies, current problem list) (>80%)

MERIT BASED INCENTIVE PROGRAM

Promoting Interoperability Measures (formerly Advancing Care Information)

- Support Electronic Referral Loops by:
 - Sending patient health information
 - Receiving and incorporating Health Information
- Application Programming Interfaces (APIs): Provide electronic access to patients using applications to access health information.

HEALTH INFORMATION EXCHANGE

Measure 1 (>50%)

- Create summary of care in EHR (CCDA)
- Electronically exchange summary of care

Measure 2 (>40%)

- For new patients or incoming referrals incorporate into the EHR an electronic summary of care document

Measure 3 (>80%)

- Perform clinical information reconciliation (medications, allergies & problem list) for new or referred patients

PATIENT CENTERED (1 OF 2)

Putting patients first

Patients over paperwork

- Reduce unnecessary burden
- Increase efficiencies
- Improve the beneficiary experience

PATIENT CENTERED (2 OF 2)



[Home](#) | [Help](#) | [Sign Out](#)

My health information from: EAGLE BUTTE: Last Updated: April 15, 2019, 20:16:29, CST

Hello Tammy Brewer

Appointments List

- My Info
- Medications
- Health Issues
- Test Results
- Immunizations
- Vital Signs
- My Messages (0)
- Procedures
- For More Information
- Download My Data

Clinical Reminders

Ask your Provider Every time you talk to a health care provider, ask these questions:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?



Upcoming Tests

Date and Time	Test
---------------	------

Upcoming Appointments

Date and Time	Specialist	Location
---------------	------------	----------

Past and Future Referrals

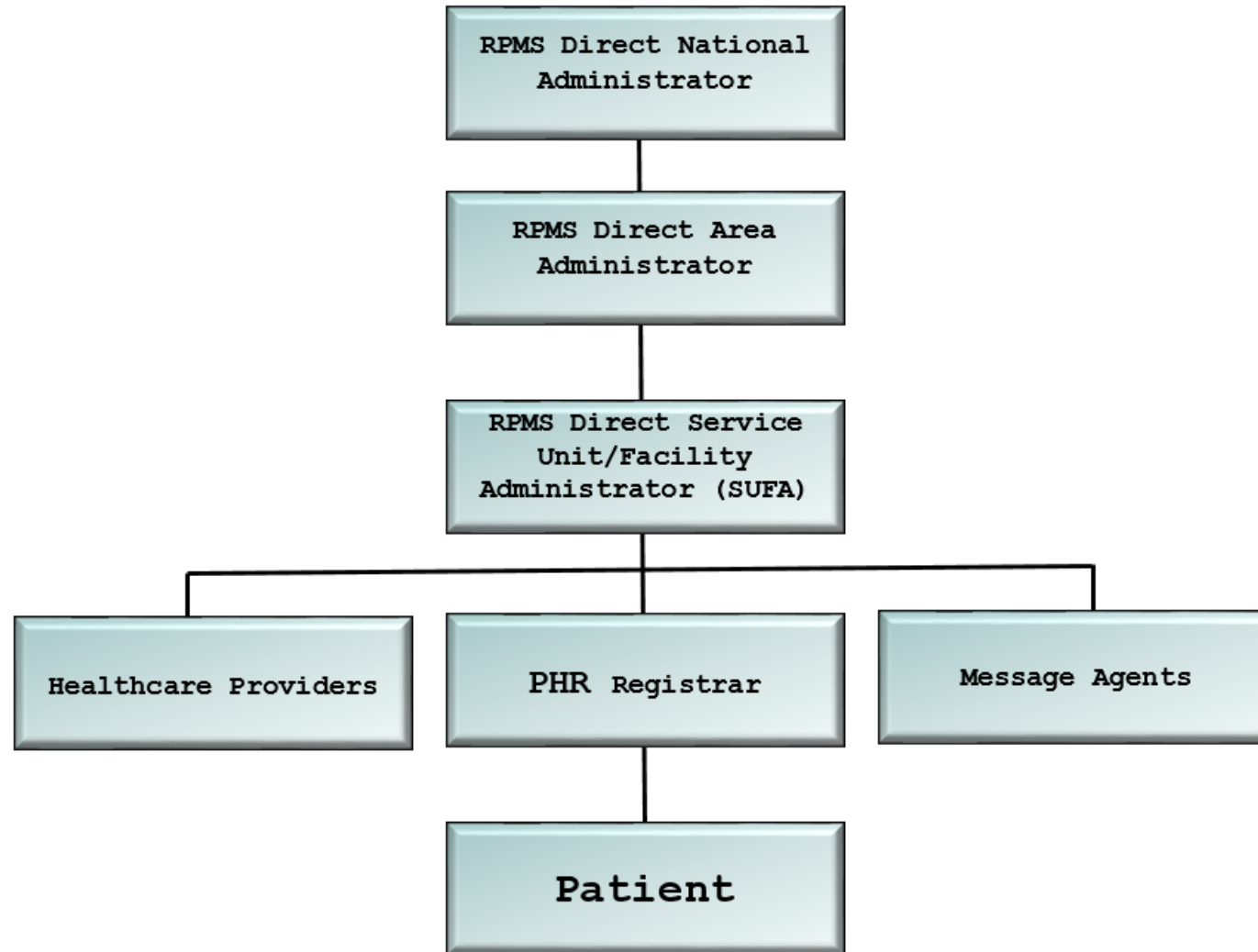
Date and Time	Specialist	Location and Reason for Referral
10/3/2018	DAKOTA RADIOLOGY RAPID CITY	2929 5TH ST. , RAPID CITY , SD 57701-3632, 800-456-1361; LEFT BREAST ULTRASOUND POSSIBLE BIOPSY

Print Section

[About PHR](#) | [My PHR Settings](#) | [Privacy Policy](#) | [Terms and Conditions](#) | [Contact Us](#) | [FAQ](#) | [Download Adobe Reader](#)

med © 2013 Indian Health Service. All Rights Reserved. V2.0 Patch 4

ROLE HIERARCHY



SERVICE UNIT/FACILITY DIRECT MESSAGING ADMINISTRATOR (SUFA) ROLE

- Manage and grants RPMS DIRECT set up for all users: messaging agents, providers, RCIS staff and other appropriate staff
- Interdisciplinary EHR team to map out the process for the facility
- Completed identity vetting for Facility Certificate – before deployment and with any changes IHS to 638 and vice versa
- Complete Declaration of Identity of all direct message users and keeping paper copies of signed forms in a secure location

ASSIGNING MESSAGING AGENTS

- Set up in pre-deployment of PHR and direct messaging (time lapsed, staff turn over...)
- Patients assigned to a Message Agent in the Designated Primary Provider package
 - Message Agents are a new provider type
 - Can assign individual patients to a Message Agent
 - Can assign all of a provider's patients (IPC/designated provider package) to a Message Agent
 - Sites that are not IPC-centric have difficulty with this task, frequently delays the deployment process.

MESSAGING AGENT

- Cheyenne River – Nurse Assistant
- HQ deployment recommended Nurse on Provider IPC team – depending on facility patient care process and staffing functionality, will ultimately determine the facility's rollout.
- Checks Direct Messaging mailbox on tab in EHR for patient messages
- Message Agent coordinates patient messages to their designated provider
- Sample use cases of patient-sent secure messages
 - Cancelled appointment
 - Requests medication renewal
 - Shares health information

DIRECT MESSAGING

- Direct Messaging is a standard based, secure, web-based messaging system through PHR/EHR for the patient
- Intended for the exchange of patients' health information between healthcare providers and their patients and/or their personal representatives
- Health Facilities send Transfers of Care via direct messaging to facilities where patients get higher level of care, Contract Health referrals and other patient care services.

PERSONAL HEALTH RECORD - SERVICE UNIT/FACILITY ADMINISTRATOR (SUFA) ROLE

- Determines the process for patients to meet with facility staff to link their medical record to their PHR
- Assigns PHR Registrars
- Manages facility PHR Registrar Access
- HIM Director Role

PHR REGISTRAR

- Manages PHR access for patients
- Patients interact with PHR Registrar to connect their medical record to their PHR
- Complete identification vetting for Patients and their personal representatives
- Reset patients passwords
- Assist patients with PHR issues

MESSAGE AGENTS – DEPLOYED WITH MD/RN CLINIC TEAM

Sisseton

RN Care Coordinator
Assistant

Eagle Butte

Nurse

EACH FACILITY HAS STRENGTH AND WEAKNESS

	W.W. Kebble Memorial Medical Center	Cheyenne River Hospital
IPC SITE for > 10 years	X	
Low staff turn over	X	
Reimbursement and Facility Leadership support new positions CARE COORDINATOR	X	
Staffing vacancies and staff turn over		X
Area Office Key positions vacant for over 3 years (Area Director, Nursing/PHN, Pharmacy, CIO)	X	X
Early adopter of PHR and Direct Messaging		X
Resolving patients medication in patient chart due to Pharmacy Package setting	X	
BETA TESTED PHR and patients initiating medication refills		X

PHR AUTO REPLY – CHEYENNE RIVERS

Hi,

This is Jordyn, your friendly messaging agent. I am currently out of the office from Friday August 1, 2019 to Wednesday August 6th, 2019. For Urgent response please call Cheyenne River Health Center at 605-964-7724.

If this is an emergency please call 911.

Thank you,

Jordyn

CAVEAT FOR CHEYENNE RIVER

- Not an IPC Site
- Only having one message agent
- No space to sign the patient up for PHR
- Educating the patient on the usefulness of PHR
- Getting the patient's wanting to sign up

CONSOLIDATED CLINICAL DOCUMENT ARCHITECTURE (CCDA)

- CCDA format used in the Summary Of Care and Transition of Care Documents

Interoperability – common architecture, coding, framework and language for documents created, sent, received, downloaded and printed

CLINICAL SUMMARY – PATIENT USE

TRANSITION OF CARE – HEALTH CARE USE

- Patients can view/download and print their **clinical summary** in their PHR
- **Transition of Care** is intended use for exchange of clinical data between providers

COMPONENTS OF TOC-CCDA

- Problems/Encounter Diagnoses
- Allergies, Adverse Reactions, Alerts
- Medications
- Procedures
- Reason for Referral
- Plan of Care
- Functional/Cognitive Status
- Social History
- Recent Lab Results
- Immunizations
- Recent Vital Signs
- Care Team

Transitions of Care from [REDACTED] HEALTH CTR – Some information may have been redacted at patients request or legal requirement.

Patient: PATIENT DEMO **HR#:** 8137_P72342 QHP: 999917
Date of Birth: January 1, 1905 **Sex:** Male
Race: American Indian or Alaska Native **Ethnicity:**
Preferred Language:

Visit Date: December 5, 2016
Visit Location: ALBUQUERQUE INDIAN HEALTH CTR; 801 Vassar Dr. NE; Albuquerque, NM 87106-2725

Table of Contents

- [Problems/Encounter Diagnoses](#)
- [Allergies, Adverse Reactions, Alerts](#)
- [Medications](#)
- [Procedures](#)
- [Reason for Referral](#)
- [Plan of Care](#)
- [Functional/Cognitive Status](#)
- [Social History \(Smoking Status\)](#)
- [Recent Lab Results](#)
- [Immunizations](#)
- [Recent Vital Signs](#)
- [Care Team](#)

COMPONENTS OF CS-CCDA

- Reason for Visit
- Problem/Encounter diagnoses
- Allergies, Adverse Reactions, Alerts
- Medications
- Procedures
- Today's Instruction and Patient Decision Aids
- Plan of Care
- Social History
- Recent Lab Results
- Immunizations
- Recent Vital Signs
- Care Team

Clinical Summary from [REDACTED] HEALTH CTR – Some information may have been redacted at patients request or legal requirement.

Patient: PATIENT DEMO HR#: 8137_P72342 QHP: 999917
Date of Birth: January 1, 1905 Sex: Male
Race: American Indian or Alaska Ethnicity:
Native
Preferred Language:

Visit Date: December 5, 2016
Visit Location: ALBUQUERQUE INDIAN HEALTH CTR; 801 Vassar Dr. NE; Albuquerque, NM 87106-2725

Table of Contents

- [Reason for Visit](#)
- [Problems/Encounter Diagnoses](#)
- [Allergies, Adverse Reactions, Alerts](#)
- [Medications](#)
- [Procedures](#)
- [Today's Instructions and Patient Decision Aids](#)
- [Plan of Care](#)
- [Social History \(Smoking Status\)](#)
- [Recent Lab Results](#)
- [Immunizations](#)
- [Recent Vital Signs](#)
- [Care Team](#)

MONITORING

- Monitor email inbox regularly – User daily
 - Supervisor - Weekly
- Respond to patient according to facility Policy
- Alert the provider using:
 - EHR Notification
 - RPMS Direct
 - Other verbal or written communication
- Store any health information in the patient chart
- Communication is the KEY

TRANSITION OF CARE

- A standard based, secure, web-based messaging system
- Intended for the exchange of patients' health information between healthcare providers and their patients and their personal representatives
- Used for health related exchanges only
- MU Stage 2 Measures:
 - Patients View, download, transmit.
 - **Transmit care summaries for transitions of care.**
 - **Secure Messaging with patients.**

TOC DEPENDENCIES

- Dependent on the sending facility having a Direct Messaging TOC email box and knowing their direct address
- The patient must have a referral for the visit
- The receiving vendor must be trusted partner
- RCIS staff updating the RCIS/RPMS Vendor file with vendors direct address
- Print will be the only option if the vendor doesn't have a direct address

SENDING TRANSITION OF CARE/CLINICAL SUMMARIES

ED process

- Referral is added to the visit
- Nurse will print the CCDA to send with the patient
- Notification is sent to HIM

RCIS process

- Referral added at visit
- Approved
- Notification sent to HIM

Who pushes the button challenge

RECEIVING CCDA CLINICAL SUMMARIES

- Receive the TOC in the TOC mailbox
- Download to secured drive
- Importing to VistA
- eFiling

JANUARY 2018 GPA ASSESSMENT - 1

- EHR technology functionality to send transitions of Care was complete and working at all GPA sites in 2017
- Determining who to send outgoing TOC was an obstacle to the process
- Obtaining outside facilities TOC address was an obstacle

JANUARY 2018 GPA ASSESSMENT -1B

- GPA Direct/TOC phone book of all the GPA sites created and provided to health care vendors
- GPA Direct/TOC phone book updated to include health care vendors direct email address

JANUARY 2018 GPA ASSESSMENT - 2

- Sending of TOC/Summary of Care for patients with approved contract health services or transferring to a higher level of care was not becoming widely adopted in facilities
- Solution – Stake Holders Leaders – GPA HIM and RCIS designed a best practice guide

JANUARY 2018 ASSESSMENT – 2B

https://collaborate.ihs.gov/sites/gpa/CCC/_layouts/15/start.aspx#/Policies/Forms/AllItems.aspx

- GPA HIM Lead David Meservey and GPA RCIS Lead Ed Chasing Hawk collaborated and made the GPA TOC Guide

Great Plains Area Indian Health Service

Policy for RPMS DIRECT Messaging Users and Personal Health Record Users

1. POLICY

All of the Great Plains Area Indian Health Service (GREAT PLAINS AREA) Federal facilities are required to train RPMS DIRECT Messaging (RPMS DIRECT) users prior to using the RPMS DIRECT Messaging System. Staff responsible for managing the exchange of information between healthcare providers and patients shall have a thorough understanding prior to using the RPMS DIRECT secure email system.

1. QUENTIN N. BURDICK/BELCOURT MEMORIAL HEALTH CARE FACILITY
2. PINE RIDGE INDIAN HEALTH SERVICE HOSPITAL
3. FORT YATES/STANDING ROCK INDIAN HEALTH SERVICES HOSPITAL
4. ROSEBUD INDIAN HEALTH SERVICE HOSPITAL
5. FORT THOMPSON INDIAN HEALTH SERVICE HEALTH CENTER
6. LOWER BRULE INDIAN HEALTH SERVICE HEALTH CENTER
7. WOODROW WILSON KEEBLE/SISSETON MEMORIAL HEALTH CARE CENTER
8. WAGNER/YANKTON INDIAN HEALTH SERVICE HEALTH CENTER
9. SIOUX SAN/RAPID CITY INDIAN HEALTH SERVICES HOSPITAL
10. CHEYENNE RIVER/EAGLE BUTTE HEALTH CENTER

2. PURPOSE

To establish the process for GREAT PLAINS AREA RPMS DIRECT administrators and users to access and manage the RPMS DIRECT secure email system throughout the GREAT PLAINS AREA Indian Health System.

3. SCOPE

- a. This policy applies to all GREAT PLAINS AREA employees, management, contractors, student interns, and volunteers.
- b. This policy describes the GREAT PLAINS Area's objectives and policies regarding management of the RPMS DIRECT Messaging system.

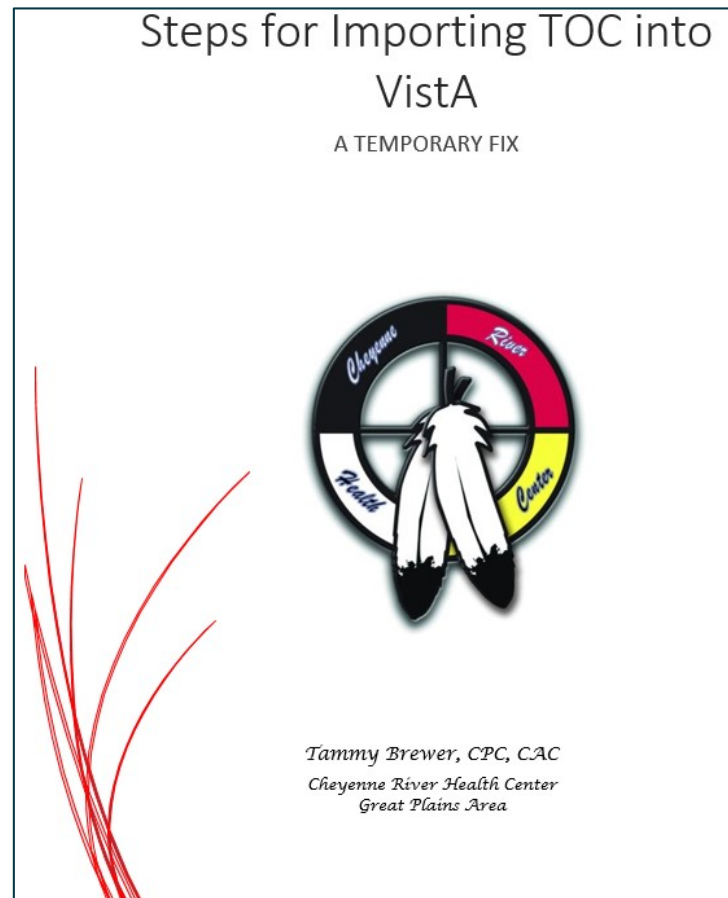
4. AUTHORITY

JANUARY 2018 ASSESSMENT – 2C

- CIR button in EHR was not functioning as designed
- Create a RPMS work around to get the received TOC into the patient medical chart
- Set up configuration needed in VISTA IMAGING/Scanning to receive incoming TOC

DISSEMINATION OF INFORMATION

Tammy Brewer Created a TOC GUIDE



GPA TODAY

Service Unit	June-Dec	Jan-Mar	Apr-May
Belcourt	7	2	0
Cheyenne River Health Center	111	3	3
Crow Creek	107	51	19
Flandreau	0	0	0
Lower Brule	Not set up		
Ponca	Not on RPMS/EHR		
Pine Ridge	161	1	0
Rapid City	466	0	0
Rosebud	0	0	0
Sisseton		1	
Wagner	10	0	0

LESSONS LEARNED – 1

- Senior Leadership needs to understand the patient centered goal
- Interdisciplinary Process – (Every staff member that interacts with a patient) Providers, Nursing, RCIS, Patient Registration & HIM
- PHR Registrar designated private space to meet with patient and set up PHR and patient not rushed or distracted
- Collateral duties is not appropriate for Direct Messaging and PHR. These duties need to be written into the job descriptions to give time and resources for this important patient care function

LESSONS LEARNED – 2

- Roles/Position – cannot be assigned, until facility interdisciplinary team mapped out the process for their patients to access PHR and learn about their PHR updates, such as ordering of medications
- Incoming attachments was removed/stripped (Resolved April 27,2019!)
- Direct messages distribution lists – the good and the bad
- Password challenges for staff and patients
- PHR Enrollment where patients congregate outside of IHS.
- Duplicates TOC In the mailbox and they are sending a copy.

QUESTIONS

Tammy.Brewer@ihs.gov

DaJuanna.Bissonette@ihs.gov

Charlene.LendsHisHorse@ihs.gov

Leslye.Rauth@ihs.gov

Janeen.Richter@ihs.gov

Thank You!