

Ambulatory Psychiatry Meaningful Use 2 – Secure Messaging

The Problem

An objective of the second stage of CMS's Meaningful Use (MU2) is the use of secure electronic messaging to communicate with patients. In order to meet the objective, eligible providers must send a secure message through a Certified Electronic Health Record Technology (CEHRT) to at least 5% of unique patients during the reporting period. HMFP identified their reporting period as October through December 2014. Prior to this reporting period, the Psychiatry Department's ambulatory physicians had not been participating in PatientSite, the current system used by BIDMC to send secure communications between physicians and patients.

Aim/Goal

- Sign up all Psychiatry Ambulatory Providers for PatientSite (PS)
- Establish a proactive system for patients to sign up for PS if they were not already participating and add their psychiatrist to their Provider List.
- Encourage patients already on PS to add their psychiatrist to their Provider List.
- Using PS, encourage patients to send an electronic message to their provider which could include one of the following:
 - Clinical Question
 - Appointment Request
 - Medication Refill Request
 - Patient Information

The Team

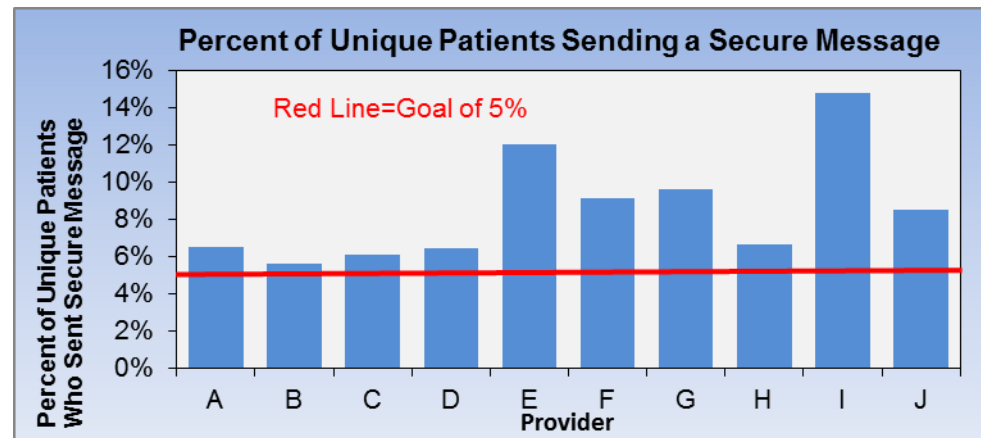
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- Sherene Blake, Practice Administrator, Psychiatry
- Pamela Peck, Psy.D., Clinical Director, Psychiatry

The Interventions

- Psychiatry Team met with PS representatives and established what requests would go to staff versus providers:
 - Appointment Requests – Admin. Staff Only
 - Clinical Questions – Provider Only
 - Medication Requests – Provider Only
- Establish a roll-out schedule for providers over a two-week period.
- Train providers and staff on how to sign up for and navigate PS.
- Train administrative staff on how to “accept tasks” in PS.
- Establish protocols to proactively sign patients up for PS at check in/out, remind them to add their psychiatrist to their Provider List, and encourage them to send an electronic message to their psychiatrist.

- PS materials were placed at the front desk and handed to all patients not on PS (as identified in CCC at check in).
 - Patients already on PS were reminded to add their psychiatrist to their Provider List.
 - Patients were offered the opportunity to sign up or add a provider in real time via an iPad in the waiting room or one of the private administrative offices located near the waiting room. In some cases, the administrative staff sat with the patient and assisted them with sign up.
- Monitor participation rates via reports from HMFP and target patients of physicians that were not at the target.

The Results/Progress to Date



Lessons Learned

The system currently has a two-day lag between when a patient signs up for PS and when they are active. There is also a lag between when a patient adds their MD to their Provider List and when they can send a message to them.

Next Steps/What Should Happen Next

Continue to monitor performance to remain compliant with the requirements of MU2.