



Secure Texting and Care Alerts

CCN Member Resource Briefing II
March 2019

What We'll Cover

After this module, you'll know more about:

What secure texting is, and how you and your practice can get it.

What Care Alerts are and how they can help improve patient outcomes

How to get help with Care Alerts if you want some placed for your patients.

Answering Your Needs: You Told Us; We Heard You

Busy practice life: you need to communicate with a medical colleague quickly about one particular patient. You'd really rather NOT call his office because of the multiple layers of staff you have to go through to reach him. Sometimes the quickest thing is to skip the call and go ahead and send the patient to the ER. Or admit the patient. Or re-order that test. **But what if you could avoid all that with one quick text exchange with a trusted colleague?**

This is a familiar scenario in everyday medical practice.

What About Texting?

Regular texting of patient-related information is NOT secure. There are a lot of privacy issues with regular texting. It is NOT HIPAA-compliant.

Also, how do you text the ED when you don't know who's working this shift?

How do you know if your text was read?

Or that the number you texted to is correct?

Or that the person you texted recognizes your number? Or is on vacation?

BUT WE HAVE A REMEDY...

Secure Texting Through Halo

Supported by CRISP

CCN Members have priority

Does not interfere with your personal texts

Free

Benefits of Halo

Built-in directory: you know who you're texting and they know who you are when you text them.

The program takes into account work shifts: you can, for example, text "AAMC ED Attending" and the program will find the doc working that shift AND inform you that your message is going to a real doctor with a real name.

Communication Features:

- distinct alert sounds

- "delivered" versus "read" versus "unread" features

- reminder alerts you when message is not read

- you can send images (e.g. EKGs, photos)

- "off duty" and "forward" settings at your fingertips

Typical Halo “conversation”

ED doc to PCP: “Mr. P is here again with shortness of breath.”

PCP to ED doc: “Does he really look sick?”

ED doc to PCP: “No, he looks fine. I think he’s here because it’s
Memorial Day weekend.”

PCP to ED doc: “I see. Tell him I’ll follow up with him on
Tuesday at the clinic between 10 and 11 AM.”

ED doc to PCP: “Do you want me to add anything to his medical
regimen?”

PCP to ED doc: “If he needs a refill, sure. Otherwise, no.”

ED doc to PCP: “Got it. Thanks.”

Things to Remember About Texting

Think of texting as replacing a phone call. Texting is not clinical documentation. You still have to document care in a medical record.

Although the texts are “wiped” from your phone, Doc Halo does store them in their server. The texts should be considered “discoverable”. Keep that in mind as you compose your texts.

3. **Transmitting patient care orders via any form of texting (i.e. to nursing staff) is considered by CMS* and the Joint Commission to be unacceptable. Use CPOE**, or if needed, a phone call followed by CPOE, to give orders.**

*CMS is Medicare and Medicaid. Clinicians who participate in either or both have to comply with their rules or face penalties.

**CPOE = computerized physician order entry

Who's Already Using Halo?

ED physicians

SNFists

Specialists

Primary Care

Hospitalists

Adfinitas

One Call Care Management

Behavioral Health Providers (mental health and substance abuse)

Community-based care coordinators

We continue to roll out Halo to CCN practices in order to improve communication about patients between settings, quickly manage referrals and follow ups, and avoid preventable clinical misadventures, admissions, readmissions.

Signing Up for Halo

Signing up is easy. Please contact the CCN:
aamccollaborativecarenetwork@aahs.org

We need a few forms signed by you, and a list of your practice mates

We get the information to CRISP and we get you set up

If you have special workflow considerations, we work that out too

Care Alerts

Answering Your Needs: You Told Us; We Heard You

Busy practice life: You do everything you can to make it obvious in a particular patient's chart what needs to happen for him and when. You could save everyone time, frustration, and wasted resources if they just read your guidance. But no one seems to see it: not the ED doc, not the specialist, not even your own colleagues on the same EMR. **Imagine the power behind putting that information in a place in the chart where anyone would see it, right away, as soon as they open the record?**

This is a familiar scenario in everyday medical practice.

Remedy: Care Alerts

(No, these are NOT like Epic “Best Practice Alerts”)

These are **clinician-to-clinician** messages that are:

Patient-specific and rare: Few patients need Care Alerts

Short: Only a few sentences or maybe a paragraph

Useful: No nonsensical abbreviations or obscure protocols

Relevant: Information that helps you manage this patient

Enduring: Helpful not just today but months from now

Respectful: Language is objective and factual

Care Alerts Are QUITE Visible:

- Upon opening the Epic medical record, they appear instantly
- No logging on to a portal or searching is necessary
- You will see Care Alerts from other health systems as well
- Care Alerts are sent to CRISP (our state Health Information Exchange)
- **Care Alerts are available to users of non-Epic EMRs through CRISP's clinical query portal**

The point is:

Care Alerts are like billboard messages. They sit in a special place in the Epic EMR, with just a small amount of space to write a very important message. **But a lot of people will see that message.**

Genuine remark of a patient: *“A Care Alert is like an electronic MedicAlert bracelet that keeps me safe across the health system.”*

Good Care Alert Examples

“Mr. Fakepatient has Munchausen Syndrome. He frequently complains of dizziness and chest tightness and asks for nitroglycerin, which usually will cause him to become hypotensive and experience syncope. Administer or prescribe nitroglycerin ONLY when there are clear, objective clinical indications.”

“Mrs. Jones has COPD and a persistent LLL “infiltrate” on her CXR. Her COPD exacerbations are usually due to nonadherence to inhaler use. Securely text her primary care physician, Dr. X, to discuss her case. Patient can be seen at the practice in her apartment building five days a week.”

“Mr. Smith is followed by the Arundel Lodge Behavioral Health Home and has a care manager available 24/7, Ms. Y. Securely text her if patient arrives in ED because patient will be unable to adhere to any instructions owing to complex behavioral health issues.”

Good Care Alert Examples, cont'd

“Mrs. Smith takes Entresto for her CHF. Please note that because she takes this medication there are considerations regarding potentially misleading BNP levels and other nuances that you need to know to diagnose and treat her condition should she present in the ED. These are listed here for your quick reference. . .”

“Mrs. Fakepatient is followed by Morpheus Pain Management and has signed a contract detailing the parameters of her use of controlled substances. Please securely text Dr. Nopane for clinical advice if there is objective need of CDS.”

Do You Want Care Alerts for Your Own Patients?

We can help. Let us know which of these describes your need:

- 1) Not practicing in the hospital and not on Epic? **We'll put the Care Alerts in for you.**
- 2) You have just a handful of patients that really need Care Alerts in their medical records. **We can either show you how or do it for you.**
- 3) You have scores of patients that need Care Alerts, and there will constantly be a stream of new patients that need Care Alerts. **We'll show you how to do Care Alerts.**

You're Almost Done!

Just one more module.