

Communicating through the EHR

Save to myBoK

By Barry Herrin, JD, CHPS, FACHE; Mary Reeves, RHIA; Cynthia Rupe, RHIA, CPHQ, CPC; Anne Tegen, MHA, RHIA; and Diana Warner, MS, RHIA, CHPS, FAHIMA

The EHR often provides multiple communication options for physicians, including secure messages and patient portals. These communication tools are often seamlessly integrated within the EHR and enable healthcare professionals to exchange information between members of the healthcare team, as well as between providers and patients.

Although these communication tools are easy to use, each organization must determine when and how to use them.

Because these messages are essentially e-mails, some healthcare professionals assume that the informality they use in personal e-mails or text messages is appropriate. However, these e-mails may become part of the patient's official health record (or, at least, a discoverable communication).

In addition, the content from these tools, including iterative discussions, easily can be saved to the EHR, often without an author's knowledge or consent. An off-the-cuff response to a colleague's question may have never been intended to become part of the permanent health record, available for all to see.

Fundamentals of health record documentation must be followed when communicating information in a message. When the information is saved to the patient's health record, it becomes part of the patient's official health record and the use, storage, and retrieval of that information must follow all state and federal laws.

Creation and Management of Messages

With the evolution of texting, e-mail, and social media, those using a secure messaging system may assume the recipient will respond when a message is sent. However, messaging is not an active communication system in the way that real-time face-to-face or telephone conversations are, and its use as a surrogate for real-time communication can create risks for organizations. For instance, patients may assume that a lack of response to a message means there is nothing wrong.

Organizations must determine whether provider-to-provider documentation will be considered part of the legal health record. If significant clinical data are being transmitted by message rather than by prompt inclusion in the official patient record, organizations must develop processes by which message data used in clinical decision making are included in the official patient record.

Analogizing the message to a Post-It note that is read by the clinician and discarded is not helpful, as the system likely will maintain some version of the message for some period of time, making it available for discovery in litigation.

Organizations should craft a policy to guide the use of the messaging functionality of an EHR. The policy should include the process for reviewing messages and including clinically significant data in the record. At a minimum, HIM professionals, risk management, legal counsel, IT professionals, and providers should be involved in this effort.

Authors should be aware of all messaging features available in their EHR system. Messaging qualities to consider include but are not limited to:

- How long are messages retained?
- Is there an oversight tool for unopened or unanswered messages? Who manages this oversight?
- How are messages saved to the EHR?
- Can messages be saved downstream by the recipient even if the sender did not intend for them to be saved to the health record?
- Is spell check available?

- How are patient messages received through a portal managed? Is a pool recommended?
- What policy guidelines should the organization use to manage patient messages?
- How readily are patient-provider messages saved to the health record?
- What is the content of the message?
- What instructions should patients receive about the messaging function (e.g., typical length of time in which responses are sent, not to use messaging for serious medical conditions, information will most likely be read by a nurse in the clinic and not a physician)?

Managing the Messaging Communication

When developing and implementing message communications, organizations should consider the following issues.

Whether to save all communications to the EHR automatically. Automatically saving all messages presents a potential liability for providers, because of provider tendency to communicate informally and without precision when using messaging technology.

How to manage messages about multiple patients. Messages containing patient information on multiple family members will need to be reviewed to determine what information needs to be placed in each patient's record.

When to delete messages. Messages that have clinical content need to be maintained in the original system according to retention policies and available for viewing when necessary. If treatment is based on the content of the message, deletion of the message needs to be carefully considered. The deleted message would not be part of the official patient record, but it may be discoverable, because the metadata associated with the deleted message may still exist.

Whether an overall or "umbrella" policy should establish certain common rules for all users, and whether different policies need to apply to different departments.

Whether to limit use to physicians, nurse practitioners, physician assistants, and nurses.

The criteria for designating overdue status (messages that are not responded to within a specified time frame).

Protocols for resolving any late messages. Organizations should ensure processes are in place to review messages that have not been resolved within a specified time frame.

The HIM department should be responsible for the daily oversight and management of messages with an overdue status, as this is more akin to a record completion task than a clinical documentation task. HIM professionals should also expand the oversight for the quality of the health record through ongoing assessment of the integrity of the health record.

Oversight of the content and quality of the health record should be expanded beyond the timeliness and quantitative analysis that a few HIM staff monitor. Issues of unprofessional language, quality or patient safety concerns, copy/paste or forward, incorrect patient information, or any other item that is questionable must be referred for further analysis and action.

Message Etiquette

The messaging function should be used thoughtfully. The content of notes should be professional at all times. Organizations should follow the message guidelines outlined below:

- Organizations should adhere to standard rules regarding health record documentation for messaging.
- Providers should always assume that messages will be saved to the health record.
- Providers should use terminology that reflects a professional approach. Medical abbreviations, text messaging or e-mail abbreviations, and author-created abbreviations must not be used within a message.
- E-mails to patients should use clear terms and language that has the same context and structure as would be used in a face-to-face communication.
- Providers should ask themselves if they would be comfortable with statements and language used in messages if they were printed on the front page of the newspaper or read by the patient.

- Providers should be objective in messages, similar to writing a progress note in the health record. Messages should not contain complaints or criticisms about a care team member, prior care, current patient care processes, or a patient or family member.

Messaging Recommendations

Organizations should consider the following recommendations when using messaging systems:

- Do not automatically save all messages. Every provider is charged with knowledge of what is in the health record, and overwhelming providers with numerous messages will interfere with their ability to access meaningful health information.
- Develop guidelines on which messages and the content of which messages should be included in the health record.
- Permit access to physician messages by other providers for efficient message triage and response.
- Place "If you believe you are having an emergency, call 911" at every point at which electronic interaction with the patient is permitted.
- Treat patient-to-provider messaging the same as voice mail-messaging is not more urgent.
- Do not use the messaging system to replace legitimate verbal communication regarding contemporaneous patient care issues. Messaging should never be used to communicate emergent or urgent information.
- Remember that provider-patient communications are passive and should not contain urgent information.

Barry Herrin is a partner at Smith Moore Leatherwood LLP. Mary Reeves is administrative director of medical information services at Vanderbilt University Hospital. Cynthia Rupe is HIM director at Billings Clinic. Anne Tegen is director of HIM at Children's Hospitals and Clinics of Minnesota. Diana Warner (diana.warner@ahima.org) is a professional practice resources manager at AHIMA.

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