Physician-Patient Electronic Messaging is Here...New Roles for HIM Professionals

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by Mark Hagland

Michal Williams, RHIA, is excited about what's going on at Palo Alto Medical Foundation (PAMF) these days. As director of HIM for the 230-physician group practice in Silicon Valley, she plays a key role in managing the development of a relatively new mode of communication that is beginning to sweep across healthcare. Indeed, as PAMF clinicians and managers continue to develop and refine their secure electronic messaging system for physicians and patients, one of the pioneering efforts of its kind in US healthcare right now, Williams finds her role important and satisfying.

"I'm much more comfortable with communication happening in our secure messaging department, from an HIM perspective," than with the previous-and typical-nonmanaged Internet e-mail that had already been going on between physicians and their patients anyway, Williams says. "When physicians were e-mailing their patients individually, I was always worried about that. When I needed to communicate about medical records, my line in the sand was that I would not use e-mail, I would use voice mail. So it was wonderful to know that we had this capability available."

What's more, Williams says, she finds that as an HIM professional, she is now very central to the messaging process as a facilitator and support professional who can help physicians think through how and what kinds of messages they send and help patients manage their expectations and perceptions of the process.

In short, Williams and her colleagues have become pioneers in creating and facilitating secure electronic messaging between physicians and patients. Call it fast, call it con-venient-just don't call it e-mail, PAMF clinicians and managers insist. Instead, the physician organization's electronic messaging system "involves secure, encrypted communications between physicians and patients, and it's connecting patients to an actual electronic medical record (EMR)," explains Paul C. Tang, MD, PAMF's chief information officer.

Tang is also the physician executive leading a broader e-initiative called PAMF Online, which includes the pioneering electronic messaging function that about a dozen PAMF primary care physicians began using with about 50 patients in January. He points out that it is the direct connection between the messaging system and the physician organization's EMR that makes it very unusual right now-perhaps unique at the moment.

Still, secure electronic messaging is nothing extraordinary as a concept-think of it as "safe" physician-patient e-mail. What happens at PAMF is that a patient writes an electronic message just as he or she would write an unsecured e-mail message, except that the sender generates the message within PAMF's Web site using an identifying name and password. The message remains within PAMF's electronic purview as it moves in both directions-thus, behind the organization's secure firewall and inside its intranet. Unlike a regular e-mail message, a confidential physician-patient electronic message isn't floating around the unsecured, open Internet.

Managing the Inevitable

Of course, although PAMF's electronic messaging initiative remains highly unusual in its sophistication and security, more and more patient care organizations-medical groups like PAMF, hospitals, and integrated health systems-are beginning to develop secure systems to replace the current nonsystem in which individual physicians and other clinicians and their patients are sending unsecured e-mail across the Internet.

There are many versions in which secure electronic messaging can be developed, but the one certainty, say experts, is that it will be developed. Indeed, electronic messaging between clinicians and patients is "fraught with issues," says Marion Ball, EdD. But, she says, "It's not even a question of whether anyone will like [it]; this is an inevitable medium of communication going forward. And with the empowered consumer, it's part of the transformation of our healthcare, in that the consumer and

physician are forming a new relationship that didn't exist before." The development of physician-patient electronic communication becomes something to embrace for its facilitation of patient empowerment, says Ball, who is vice president for clinical solutions in the Baltimore office of Health Link, Inc., an information technology consulting firm, and an adjunct professor in the Johns Hopkins School of Nursing.

In fact, Ball says, the development of secure electronic messaging systems, like the development of broader EMR capabilities in patient care organizations, continues to "escalate AHIMA members from the basement to the boardroom, just as we talked about 25 years ago." Given the inevitable HIPAA-related privacy and security concerns involved in messaging, Ball says, the development of messaging as a process and a capability can only further empower HIM professionals.

That, say experts across the industry and those implementing such systems, is because there are so many options for information systems configurations (including EMR linkages), privacy and security protocols, and staff support arrangements. So whatever form a particular patient care organization's secure electronic messaging system takes, HIM professionals will naturally need to be deeply involved in the planning, implementation, and related training and education for such systems-for both clinicians and patients.

Sticking Close to the System in Portland

That's certainly how Debra Harris, RHIA, sees it. Having joined the Portland, OR-based Providence Health System in February as regional director for health information management, Harris arrived after the planning and initial implementation of Providence's secure messaging system were already in place. But she has firm opinions on the ongoing rollout of that system, which continues to add physicians to the pilot group.

Given her experiences with the Providence rollout, Harris has specific advice for fellow HIM professionals on preparing themselves for the inevitable spread of physician-patient messaging systems. "People should be aware of the expectations that get created between the clinician, as the provider of healthcare, and the patient," she says. "Does the patient understand what is being entered into their medical record? And that these communications are going to become part of that clinician's medical record on them?"

She notes that "As HIM professionals, we're seeing more and more patients become savvy and aware of what is in their medical records, because they're getting copies of them and they're reviewing them, and they're questioning what's documented. So we have a role as advocates for patients in this process of managing the continuum of care."

As a consumer, Harris says, the benefits of physician-patient messaging are obvious to her. The challenge, she says, is that "the value that you get in face-to-face communication" has the potential to be lost in electronic messages, leading to the need to manage patients' expectations. From her standpoint, HIM professionals working with such electronic messaging systems will become communication and information brokers, patient advocates, and physician guides.

This might be especially important with systems like Providence's, which are not immediate-response systems. At Providence, the messaging system is using a set of capabilities from an EMR vendor. Using that system, a patient can log into the server that hosts the organization's EMRs and receive a one-time log-in. Patients can see their EMRs, view their problem, medication, and allergy lists and vital statistics, and leave a message for their local clinic. That text message will be viewed by a clinic staffer the next morning-the system provides for batched, not real-time, messaging-and the clinic's staff can make changes and respond to clinical questions, forwarding the small number of nonroutine clinical questions to physicians as appropriate.

Providence's system is really more like a clinic "in box," explains Dick Gibson, MD, the organization's chief medical information officer. In fact, Gibson says, the clinicians and staff at Providence feel more comfortable with that system in terms of both security and the quantity of e-mail that ultimately gets to the physicians.

Also, Gibson notes, "By establishing a site for all this messaging, you establish a system where someone is able to track messages and put them into the EMR. Either the doctor or his or her assistant puts messages into the medical record, or someone does."

There are external forces at work to consider, too. Gibson says he is wary of what might happen when commercial firms providing such services go under, potentially leaving thousands of electronic messages dangling, possibly on newly unsecured

servers. By developing their own secure messaging systems tied to EMR systems and secure servers, he says, patient care organizations are doing both the right thing and the practical thing.

And, he says, HIM professionals will definitely be key managers and guides in these systems going forward, as they work collaboratively with physicians, nurses, and appropriate staff at hospitals and other provider organizations to build systems that make sense and work for everyone. "There are enough people out there doing this now that we're establishing processes here, and determining what kinds of physician-patient communications are appropriate electronically. By and large, it will be the kind of thing that we now take care of over the phone-a prescription for a urinary tract infection or sinus infection, for example."

Looking Forward, Strategically

Meanwhile, as electronic messaging begins to spread, there is a lot for HIM professionals to begin thinking about and planning for, even if it has not yet reached their organization.

"The biggest challenge for me was understanding all the technical components behind the system," says Kathy Cleary, RHIA, who until this spring was manager of HIM at PAMF. (She is now director of HIM at the Austin Diagnostic Clinic, a 120-physician multispecialty group practice.) Cleary says that just as HIM professionals are now going to be tracking phone communications in a more rigorous manner than in the past because of HIPAA privacy and security regulations, so too will electronic messages become a part of their bailiwick in a much more regular and consistent way. HIM professionals, she says, need to "make sure the security is there, the right features are there, and the ease of use is there; and that the organization has support for the system." Most of all, she says, HIM professionals will be deeply involved in policy and procedural development for these systems-it is a role they were meant to play, and an opportunity.

There are obvious benefits to HIM in all this, says Tang. For example, when electronic messages are attached to individual patients' electronic records, no paper filing is generated, a benefit to already overloaded HIM staffs.

But it is clear that HIM professionals will need to play a very active role in the process of electronic messaging development. As managers and bridges among the stakeholder groups involved, they will be vital to the success of these systems going forward. And, everyone agrees, there is no time to waste in preparing for the future-it is already here.

"This is a step in the right direction toward meeting HIPAA compliance," Williams says. But in any case, she says, electronic messaging is going nationwide quickly, and HIM professionals had better be prepared for it. "Patients have long wanted to communicate via e-mail with their providers, and we've been concerned about that. But living right at the edge of Silicon Valley, we have a patient population that's wanted all the technology available to them-and now it's possible to give it to them."

Advice from the Trenches

Those organizations now developing secure electronic messaging systems for physician-patient communications are working through issues that will inevitably hit virtually every patient care organization in the country in the next few years. Here are a few key pieces of advice from HIM professionals, information systems managers, and medical informatics leaders about what HIM professionals should do to prepare for the spread of secure electronic messaging to their organizations:

- learn the ins and outs of the information technology involved as soon as possible
- work collaboratively with physicians, nurses, and all other clinicians and staff involved in the process to help create a messaging system that is secure, HIPAA compliant, and simple to use
- work proactively to develop messaging policies, procedures, and protocols that are clinical care appropriate and consumer sensitive
- take advantage of the opportunity to be a bridge and an honest broker between the needs of physicians, nurses, staff, and patients
- manage clinicians' and patients' expectations
- accept that physician-patient electronic messaging is inevitable, and use HIM expertise to help turn it into a positive experience for everyone involved

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