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United States Army Medical Command, Office of the Chief Medical Information Officer

Army Medicine Secure Messaging Service (AMSMS) Guide

Version 3.2 – Mar 2013

Army Medicine Secure Messaging Service (AMSMS) Guide Document History

Ver.	Date	Description of Change	Status	Document Owner
1.0	Oct 11	Release	Final	BPM
2 Draft	Mar 12	added Comments Par. 4.3.2	Update	BPM
Draft	Mar 12	Appendix D - Changed to Sample AMSMS Standard Operating Procedure	Added	BPM
Draft	Mar 12	Appendix E- Detailed Message Workflows	Change	BPM
Draft	Mar 12	Appendix F – Documenting Secure Messaging Encounters in AHLTA	Added	BPM
2.0	Apr 12	Final	Release	BPM
3 Draft	Jun 12	Added/modified text in paragraph's 4.3, 4.4, 4.7, 4.8, & 6.4	Update	TASM/CM/BPM /STS
Draft	Jun 12	Updated the following verbiage throughout document: - “SuperUser” to “Clinic Administrator,” - “Army Medical Home” to “Army PCMH” - “Secure Messaging” to AMSMS” - “text message” to “secure message”	Update	TASM/CM/BPM /STS
Draft	Jun 12	Updated Workflow diagrams & removed Alt workflow	Update	BPM
Draft	Jun 12	Added Appendix on Sustainment Training	Update	STS
3.0	Jun 12	Final	Release	BPM
3.1	Jul 12	Updates to sections 4.4, 4.5 and 4.8	Update	TASM/CM
3.2	Mar 13	Added 2.5	Update	BPM
3.2	Mar 13	Add to Note on 4.2	Update	BPM
3.2	Mar 13	Added note 4.8 Additional Guidelines	Update	BPM
3.2	Mar 13	Updated Workflow diagrams W/BPVA	Update	BPM
3.2	Mar 13	Added Chronic Disease comment to Lesson's learned		

3.2	Mar 13	Separated Appendices from Guide	Update	BPM
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Army Medicine Secure Messaging Service Executive Summary

The AMEDD is deploying the Army Medicine Secure Messaging Service (AMSMS), powered by RelayHealth. The AMSMS is a robust package of functionality that supports the Army Patient Centered Medical Home (PCMH) model of healthcare delivery and the joint principles of Accountable Care Organization.

Patients can contact their clinic using any of seven message types. These incoming messages are divided into administrative messages and clinical messages.

- Administrative messages include new patient requests for access to system, requests for face-to-face appointment, and notes to administrative staff.
- Clinical messages include note to provider, prescription renewal, lab/rad/test result request, and referral requests.
- The clinic or provider can also initiate messages to their patients or send a broadcast message to one patient, a subset of patients, or the entire AMSMS enrolled beneficiary population.

Recommended work flow:

- Incoming administrative messages will go to a common administrative in-box
- Incoming clinical messages will go to a common clinical in-box that the practice will monitor multiple times a day
- Once messages in these common in-boxes have been reviewed, they are either resolved or secondarily forwarded to the appropriate team member for final disposition.

AMSMS supports structured web encounters for adult health, children's health, men's health, women's health, chronic health concerns and others.

Furthermore, the AMSMS supports HIPAA compliant secure messaging between team members and between providers.

There are five functional elements of the Army PCMH that are supported by the AMSMS:

- Access management can be improved through the ability to directly communicate with the healthcare team.
- Care coordination activities can be improved via secure communication between team members and providers.
- Population health activities can be facilitated by sending out clinical preventive service reminders or disease specific education to patients. This outreach can further be supported through an extensive multi-media patient education library.
- Patient activation strategies will be enhanced through access to the extensive multi-media patient education library.
- Enhanced access is supported through the web visit functionality and the ability to request face-to-face appointments directly from the medical home administrative support team.

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1 Introduction

2 <https://mitc.amedd.army.mil/SITES/CIO/RESOURCES/ACSE/Pages/default.aspx>

Congratulations! Now that your clinic has access to the AMSMS, **you'll find it easier** to deliver high quality care – by more efficiently addressing non-urgent issues and fostering closer relationships with your patients. In addition, the AMSMS improves continuity, coordination and comprehensiveness of care.

The AMSMS is provided by



Because the AMSMS is accessed through a secure Internet site, there is no software to install. However, there are a series of decisions to be made and steps to be followed before you begin using the service. Those decisions and steps are outlined in this Guide, which is organized as follows:

Service Overview	An introduction to AMSMS, features, and terms. These sections also include message workflows, AMEDD-specific guidelines, and security and access features.
Decision Maker	Outlines the decisions an individual with an appropriate level of authority must resolve before starting to use the AMSMS.
Online Setup	Follow these steps to finalize the setup of your service.
Patient Enrollment	Tips on promoting the AMSMS to your patients.
Lessons Learned	Tips on using the AMSMS from clinics already using the service.
Appendices	Additional information including detailed workflows, case studies, sample template schedules, and training resources.
Glossary	Look here to define any unfamiliar terms you encounter.

2.1 **Need Assistance?**

- For issues related to the website performance, Call the RelayHealth toll-free number and speak to one of the RelayHealth Customer Support representatives from 4:30 am to 5:00 pm Pacific Standard Time: 1-866-RELAY-ME (1-866-735-2963), select option 1 or send a secure message via <https://app.relayhealth.com/CustomerSupport.aspx>
- For issues related to Tier One Help Desk support, contact the USAMITC Enterprise Service Desk.
- System Change Request (SCR). Individual sites will contact USAMITIC Project Lead, (210) 808-2855, with **any SCR to request changes to the vendor's program functionality.**
- If you have additional questions or concerns, please contact your Clinic or MTF POC who can contact their Regional AMSMS POC, USAMITIC PM or RelayHealth as needed.

3 AMSMS Overview

This overview will introduce you to the features of the AMSMS. In this section, we'll define the various AMSMS features – including Messaging, Patient Education, Referrals, webVisit, and several additional service modules.

The AMSMS is designed to address *non-urgent* medical questions – like medication refill requests or referrals – from *established* patients. It is never appropriate for emergency or other time-critical issues. This is a statement communicated to patients frequently as they use the service and is also addressed in the Terms of Use (TOU) that patients must agree to when they register for the AMSMS. It can also be used to communicate with your patients proactively using the Broadcast Message feature, described in detail below.

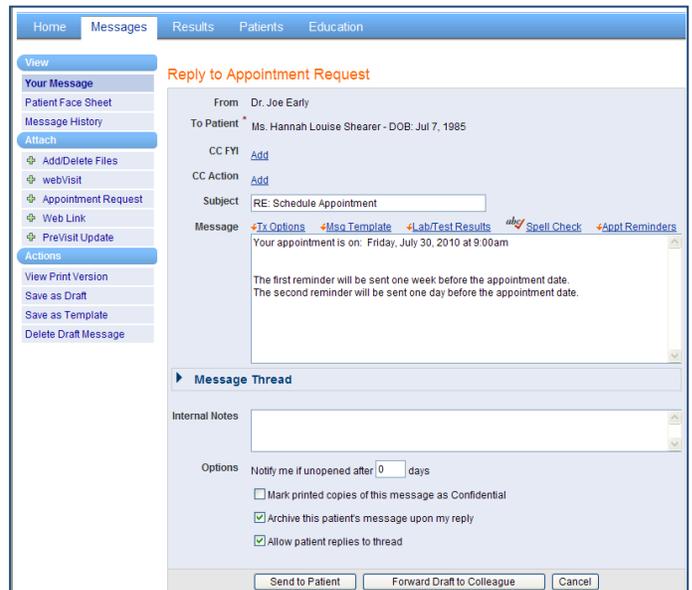
 This symbol tells you where to go for more information on a topic; typically, this additional information is detailed in a corresponding RelayHealth Feature Guide. The most recent copies of the Feature Guides, which are updated with each major service release (typically 3-4 times a year), are accessible from the Help section of the service. Just click the *Help and Training* link at the upper right of any screen in AMSMS and select the *Setup/Learning Tools* tab.

3.1 Messaging

Patients may send your practice administrative messages (e.g., appointment requests) or clinical messages (e.g., Note to Doctor and prescription renewal requests). You may customize certain aspects of a message, such as adding instructions to patients on how to use a particular message type or how to have the service notify you when you have messages waiting in an Inbox.

3.1.1 Administrative Patient Messages

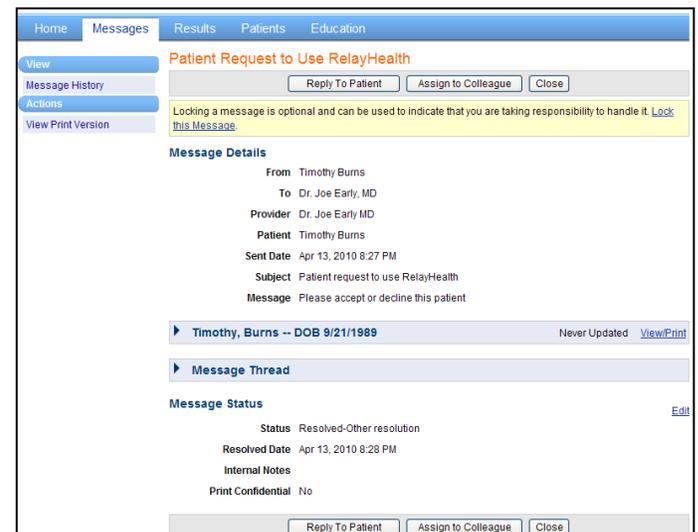
Appointment Request: A message providing structured fields in which the patient enters preferred appointment times. Patients may also use this message type to request to cancel or reschedule existing appointments. Your practice can quickly and easily initialize automatic appointment reminder messages when replying with the appointment time.



The screenshot shows the 'Reply to Appointment Request' form. The 'From' field is 'Dr. Joe Early'. The 'To Patient' field is 'Ms. Hannah Louise Shearer - DOB: Jul 7, 1985'. The 'Subject' is 'RE: Schedule Appointment'. The message body contains: 'Your appointment is on: Friday, July 30, 2010 at 9:00am. The first reminder will be sent one week before the appointment date. The second reminder will be sent one day before the appointment date.' Below the message body are options to 'Notify me if unopened after 0 days', 'Mark printed copies of this message as Confidential', 'Archive this patient's message upon my reply', and 'Allow patient replies to thread'. Buttons at the bottom include 'Send to Patient', 'Forward Draft to Colleague', and 'Cancel'.

New Patient: A system message generated when a patient initially requests to communicate online with his or her provider. This message allows the provider or staff member to approve or decline patient access to the practice through AMSMS.

Note to Office Staff: A secure message from a patient concerning change of address, contact updates, or other administrative matters or questions.



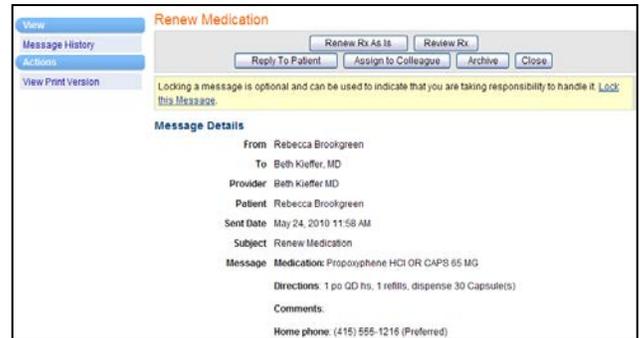
The screenshot shows the 'Patient Request to Use RelayHealth' message form. The 'From' field is 'Timothy Burns'. The 'To' field is 'Dr. Joe Early, MD'. The 'Provider' is 'Dr. Joe Early MD'. The 'Patient' is 'Timothy Burns'. The 'Sent Date' is 'Apr 13, 2010 8:27 PM'. The 'Subject' is 'Patient request to use RelayHealth'. The 'Message' is 'Please accept or decline this patient'. Below the message details are buttons for 'Reply to Patient', 'Assign to Colleague', and 'Close'. The 'Message Thread' section shows the patient's name 'Timothy, Burns -- DOB 9/21/1989' and 'Never Updated'. The 'Message Status' section shows 'Status: Resolved-Other resolution', 'Resolved Date: Apr 13, 2010 8:28 PM', and 'Internal Notes'. The 'Print Confidential' field is set to 'No'. Buttons at the bottom include 'Reply to Patient', 'Assign to Colleague', and 'Close'.



3.1.2 Clinical Patient Messages

Note to Doctor: A basic secure message from a patient that can be replied to with an array of clinical tools.

Rx Renewal Request: A structured message containing the prescription information for a medication a patient would like to renew.

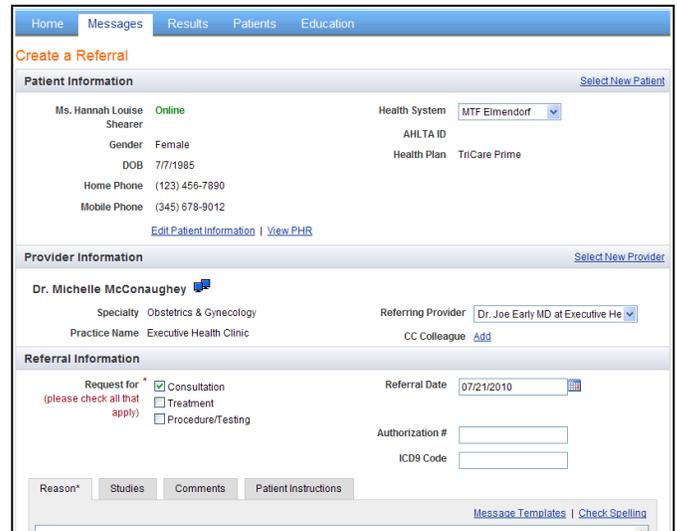


Lab/Test Result Request: A structured message from a patient requesting test results. Providers or staff members can reply with a convenient test results template containing standard results information such as test names, ranges, and values. Providers have found these templates to be particularly useful for communication about normal lab results (e.g., pap smears).



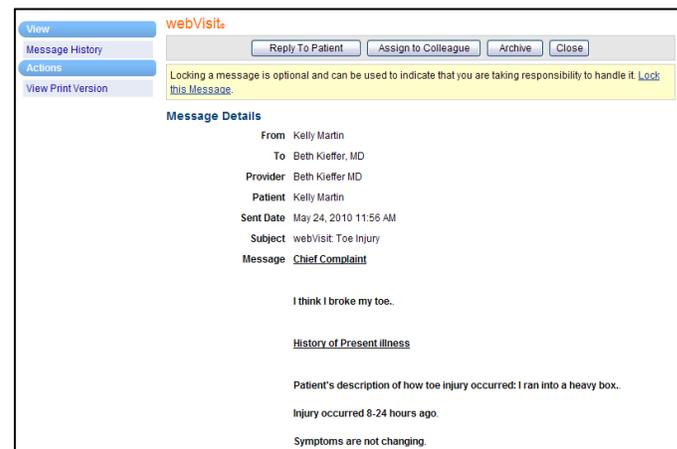
The RelayHealth *Results Templates* Feature Guide provides step-by-step instructions to help you message your patients about their results.

Referral Request: A structured message from a patient requesting a referral to a specialist.



webVisit: An interactive patient interview, created by a panel of physicians to ensure medical appropriateness. There are currently 124 webVisits; more can be requested through RelayHealth. Patient answers are presented in a succinct message highlighting pertinent information. Categories include:

- **Adult Health:** For routine, non-urgent adult medical issues.
- **Children’s Health:** For pediatric symptoms.
- **Men’s Health:** Specific to male health concerns.
- **Women’s Health:** Gynecological, pregnancy-related, and infertility symptoms.
- **Chronic Health Conditions:** Collects relevant information on chronic conditions.
- **Other Medical Question:** Used when the patient’s symptoms cannot be categorized within the list of available webVisits.





3.1.3 Colleague Messages

Message to Colleague: Practice members can send a secure message to other practice members or outside colleagues who use the AMSMS.

Clinical CC and Clinical FYI: Options provided when sending a message that allow you to send a copy of a message to another provider or clinician in your practice. There is an additional section for internal notes.

The screenshot shows the 'Message to Colleague' form. At the top, it says 'Message to Colleague'. Below that is the 'Recipients' section with a dropdown menu set to 'Colleague' and a list of recipients including 'Holly Geier, DCM - Heartland Healthcare'. There are links for 'CC FYI' and 'Add', and a 'CC Action' link. Below this is a checkbox for 'Attach Patient Health Record'. The 'Compose Message' section has a 'Subject' field with 'Article Attached'. There are tabs for 'Message*', 'Findings', 'Treatment Plan', 'Comments', and 'Patient Instructions'. A 'Message Templates | Check Spelling' link is also present. The message body contains: 'Holly, I ran across the attached journal article and thought you might be interested in the findings. Regards, Robert'. The 'Messaging Options' section includes 'Attachments' with links for 'Attach a file' and 'Attach a web link', a 'Print' section with a checked box for 'Mark print copy as confidential', and 'Notifications' with checkboxes for 'Notify me if unopened after' and 'Notify me if not replied to after', both with 'days' input fields. At the bottom are buttons for 'Send', 'Forward Draft', 'Save Draft', 'Delete', and 'Cancel'.



3.1.4 Broadcast Messages

AMSMS provides the ability to send messages to online patients who have common characteristics (e.g., practice, provider, gender, age, clinical diagnosis, medication, etc.) The example to the right illustrates an H1N1 message sent to patients via this feature.

Additional examples of Broadcast Messaging include:

- Monthly Themes (e.g., February—American Heart Month—Preventing Heart Disease)
- Out of Office (alert patients when their provider will be out of the office due to vacations, maternity leave, etc.)
- Medication Recalls
- Flu Vaccine Availability
- Diabetes Care Clinics

Practices can also easily attach a web link to the message for a relevant topic from the RelayHealth Patient Education library.

Please see the Case Studies section at the end of this document for specific and innovative examples of Broadcast Messaging usage.

The screenshot shows the 'Message Center' interface. At the top are navigation tabs: 'Home', 'Your Doctors', 'Message Center', 'Health Records', and 'Account'. On the left is a sidebar with 'View' options: 'Inbox', 'Sent', 'Drafts', 'Archive', and 'Actions' (with sub-options for 'Archive this Message', 'View Print Version', and 'Message History'). The main area is titled 'Message Details' and shows the following information: 'From: Belinda Rand', 'For: Kevin Dorrance MD at NMMC - Medical Home Center', 'Patient: Mr. W.B. Mitch Mitchell', 'Sent Date: Sep 25, 2009 2:23 PM', and 'Subject: Q & A regarding H1N1 (Swine Flu)'. Below this is the 'Message' content, which includes a title 'What is the big deal with this Swine flu (H1N1 virus)?' and several paragraphs of text explaining the virus, its symptoms, and how to avoid catching it. The text includes: 'Any unusual flu strain that is passed through humans is going to be alarming. This virus has spread quickly throughout the world and the ease in which it has been transmitted is proving to be challenging to stop. Our immune system is not prepared to fight against this strain which naturally makes it more worrisome.', 'How does it spread? Like other cases of influenza, this virus spreads mainly through human-to-human contact. Being around and sharing with a person who is coughing and sneezing can make you susceptible.', 'What are the symptoms? Very similar to standard seasonal flu including: coughing, sore throat, body aches, runny nose, headache, chills, fever, and overall tiredness. Occasionally, there are cases of diarrhea and vomiting but they are less frequent. There have also been stronger cases that include respiratory failure and pneumonia.', and 'What are some ways I can avoid catching it? Very soon, we will have a vaccine ready but until then you can practice general preventative habits. -Viruses can live for up to 2 hours on door handles, telephones, and other commonly used items. It is important to wash your hands frequently or'.

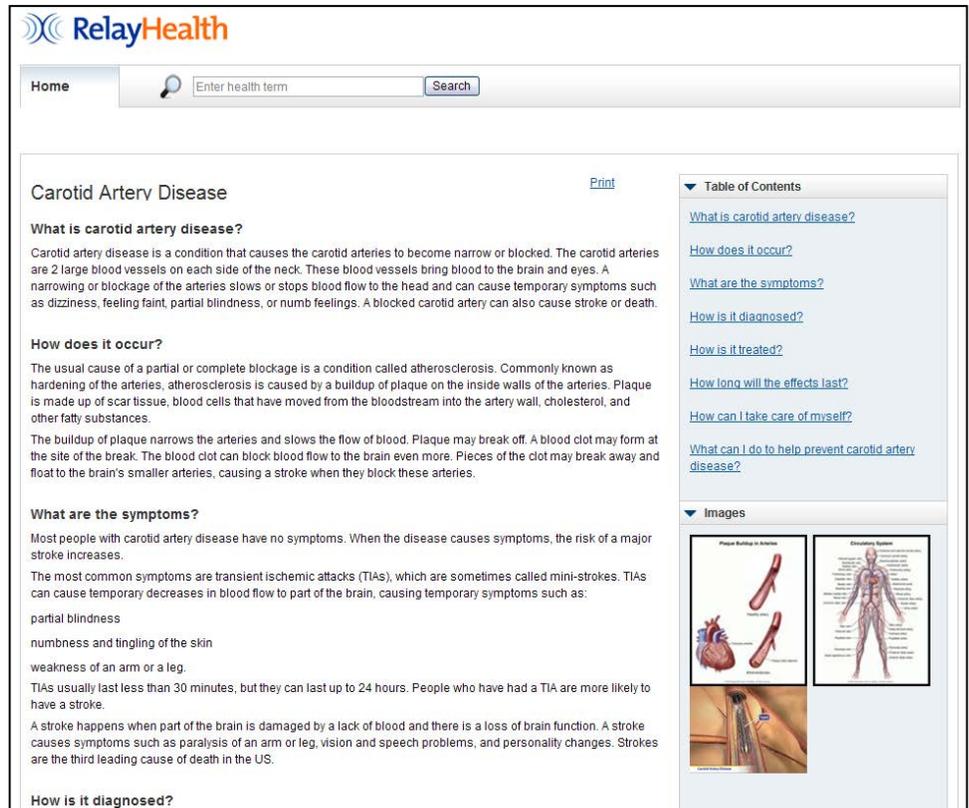


The RelayHealth *Build Patient List* Feature Guide provides step-by-step instructions on composing and sending Broadcast Messages.

3.2 Patient Education

The AMSMS Patient Education service is a Web-based application that enables you to quickly and easily access an extensive library of information about medical conditions, procedures, and medications. With this module, you can provide patients with accurate and high-quality health information written for a patient/consumer audience. Content includes:

- ❑ **Patient Education Topics:** These topics cover an extensive array of medical conditions, procedures, medications, and patient resource material written in plain language.
- ❑ **Digital Animations:** With the digital animation package, you can supplement the written patient information with high-quality 3-D animations and computer graphics.
- ❑ **Multimedia Programs:** These interactive flash movies serve as a support for families and help answer questions for patients who have been diagnosed with a chronic disease or those who are facing a medical procedure.



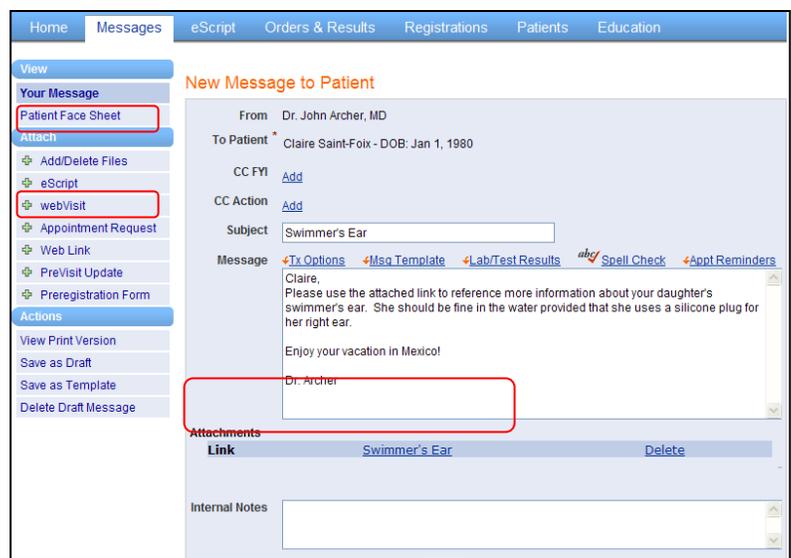
The screenshot shows the RelayHealth website interface. At the top, there is a search bar with the text "Enter health term" and a "Search" button. Below the search bar, the page title is "Carotid Artery Disease" with a "Print" link. The main content area is divided into sections: "What is carotid artery disease?", "How does it occur?", "What are the symptoms?", and "How is it diagnosed?". Each section contains detailed text explaining the condition, its causes, symptoms, and diagnosis. On the right side, there is a "Table of Contents" with links to various sections, and an "Images" section with three anatomical diagrams: "Plaque Building in Arteries", "Circulatory System", and "Stroke".

Your team can customize text or add text content using an HTML template.

Board-certified healthcare professionals from leading health institutions in the United States have written and reviewed all Patient Education Programs. Topics are reviewed and updated regularly, and new topics are added as new findings and treatments are accepted. This helps ensure complete, accurate, and up-to-date information.

 The RelayHealth *Patient Education Feature* Guide further details regarding this functionality.

RelayHealth also enables you to insert weblinks to any Patient Education materials, as well as other web links, to your patient and colleague messages. Alternatively, you can easily select and paste in excerpts from the Patient Education topics into your messages. In addition, you may use the Add Files feature to **include any of your practice's own content** in messages (Attached files are limited to 5MB or less).



The screenshot shows the RelayHealth Messages interface. At the top, there is a navigation bar with tabs for "Home", "Messages", "eScript", "Orders & Results", "Registrations", "Patients", and "Education". The "Messages" tab is selected. Below the navigation bar, there is a "View" section with a "Your Message" section containing a "Patient Face Sheet" link. The "Attach" section contains several options: "Add/Delete Files", "eScript", "webvisit", "Appointment Request", "Web Link", "PreVisit Update", and "Preregistration Form". The "Actions" section contains "View Print Version", "Save as Draft", "Save as Template", and "Delete Draft Message". The main content area is titled "New Message to Patient" and shows a message form. The "From" field is "Dr. John Archer, MD". The "To Patient" field is "Claire Saint-Foix - DOB: Jan 1, 1980". The "CC FYI" field is "Add". The "CC Action" field is "Add". The "Subject" field is "Swimmer's Ear". The "Message" field contains the text: "Claire, Please use the attached link to reference more information about your daughters swimmer's ear. She should be fine in the water provided that she uses a silicone plug for her right ear. Enjoy your vacation in Mexico! Dr. Archer". The "Attachments" section contains a link labeled "Swimmer's Ear" and a "Delete" button. The "Internal Notes" field is empty.

3.3 Customizable Message Features

Waiting Message Notification: Providers and staff can elect to receive notification of waiting AMSMS messages for each inbox established for the practice. Users can select fax notification, which sends a fax alerting the user to any waiting AMSMS messages, e-mail or pager (with an e-mail address) notification, which sends a notice to one or more e-mail addresses.

Special Instructions: Providers or staff can add custom patient instructions to each message type.

3.4 Other Features for Your Practice

3.4.1 Patient List

The AMSMS allows you to create lists of patients who have common characteristics. With this feature, you can view, download, print out, or send messages to lists of patients by practice, provider, gender, age, clinical diagnosis, medication, online/offline status, and health plan. In addition, your practice can segment the patient population using configurable Keyword/Group tags. You can also identify patients who have incomplete health records or missing phone numbers and contact them to request they provide you with this important information.

3.4.2 Preventive Care

Preventive Care patient education messages can be sent automatically to specific patient groups based on age and gender criteria. Your practice can activate a range of Preventive Care Programs including immunization and screening reminders.

3.5 Practice Types

There are currently two types of practice models being utilized within the AMSMS.

Provider-As -A-Practice

The "provider-as-a-practice" model is seen primarily in primary care and requires one license per provider in a practice. This allows a patient to locate a provider by name and establish a messaging relationship with that provider (the workflow behind that message should comply with the primary and secondary workflow described elsewhere in this guide).

Practice-As-A-Provider

"Practice-as-a-provider" is the other model being utilized within the AMSMS. This model allows a patient to locate a practice by name and to establish a messaging relationship with that practice instead of an individual provider. This model is intended to be used mainly in specialty practices where a long term provider specific relationship is not anticipated or there is frequent provider turnover. This model can also be used for support services where there are no licensed providers assigned and the support service is not directly tied to a practice where they could be added as staff members into the secondary workflow. Examples might include an MTF Nurse Case Manager cell, MTF Referral Management Office, Army Wellness Center, Tricare Support Center, etc.

If there are providers in a "practice-as-a-provider" location they can be made private so that they do not appear in the patient search directory. Those "private" providers will be searchable only for colleague to colleague messaging.

In either model, **all staff, including the providers in the "practice-as-a-provider" model, will have full access to all AMSMS functions and can search for and send out-bound patient messages as well as colleague to colleague messages. In the "practice-as-a-provider" model the in-bound patient messages will still adhere to the primary and secondary workflow described elsewhere in this guide. In the "practice-as-a-provider" model where there are no licensed providers then one secure messaging license will be assigned for that practice. In the "practice-as-a-provider" model where there are providers present secure messaging licenses will be allocated based on the number of providers in the practice. No license is assigned for the practice.**

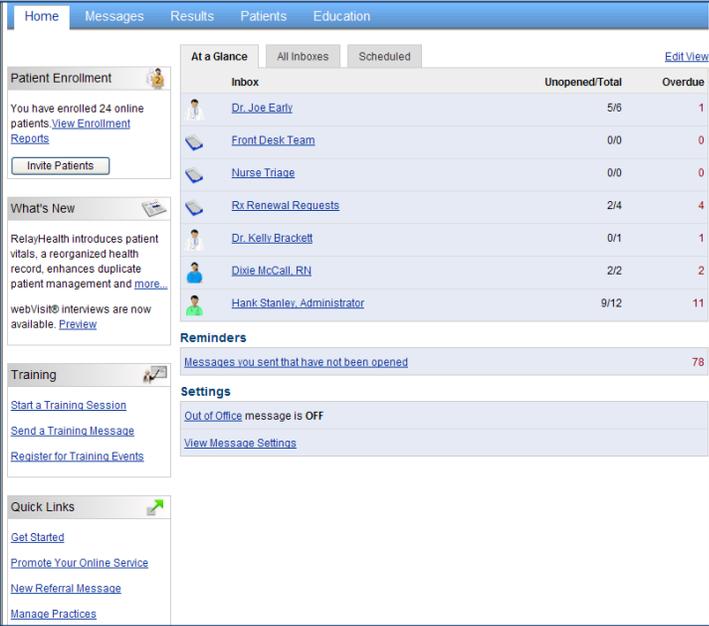
In most cases patients will be referred to specialty clinics or other types of practices by their primary care provider. Once referred, the specialty clinic or other practice will need to contact the patient to set up an appointment and will need to invite the patient to establish a messaging connection with the practice. In situations where a patient is not referred or the patient does not already have an AMSMS account, the specialty clinic or other practice can perform a face-to-face off-line registration and invitation to the patient following the registration process described elsewhere in this guide.

4 Message Workflow

In Army PCMH practices, staff members handle many patient matters. Clinical messages are often triaged by nurses or medical assistants, and administrative issues are typically handled by office staff.

AMSMS provides highly configurable message routing options. By changing certain default settings, you can leverage these options to **mirror your organization's** established message routing procedures.

For example, if the receptionist in your practice typically handles appointment scheduling, you can secondarily forward patient appointment requests to **the receptionist's inbox**. Likewise, if multiple staff members deal with a specific type of patient message – for instance, prescription renewals – you can secondarily forward appropriate messages to other team members (Practices should have clear SOP and standard work documents defining which message types will be secondarily forwarded to other team members. Careful attention must be paid to response times for secondarily forwarded messages)



At a Glance			
Inbox		Unopened/Total	Overdue
	Dr. Joe Early	5/5	1
	Front Desk Team	0/0	0
	Nurse Triage	0/0	0
	Rx Renewal Requests	2/4	4
	Dr. Kelly Brackett	0/1	1
	Dixie McCall, RN	2/2	2
	Hank Stanley, Administrator	9/12	11

Reminders
[Messages you sent that have not been opened](#) 78

Settings
Out of Office message is OFF
[View Message Settings](#)

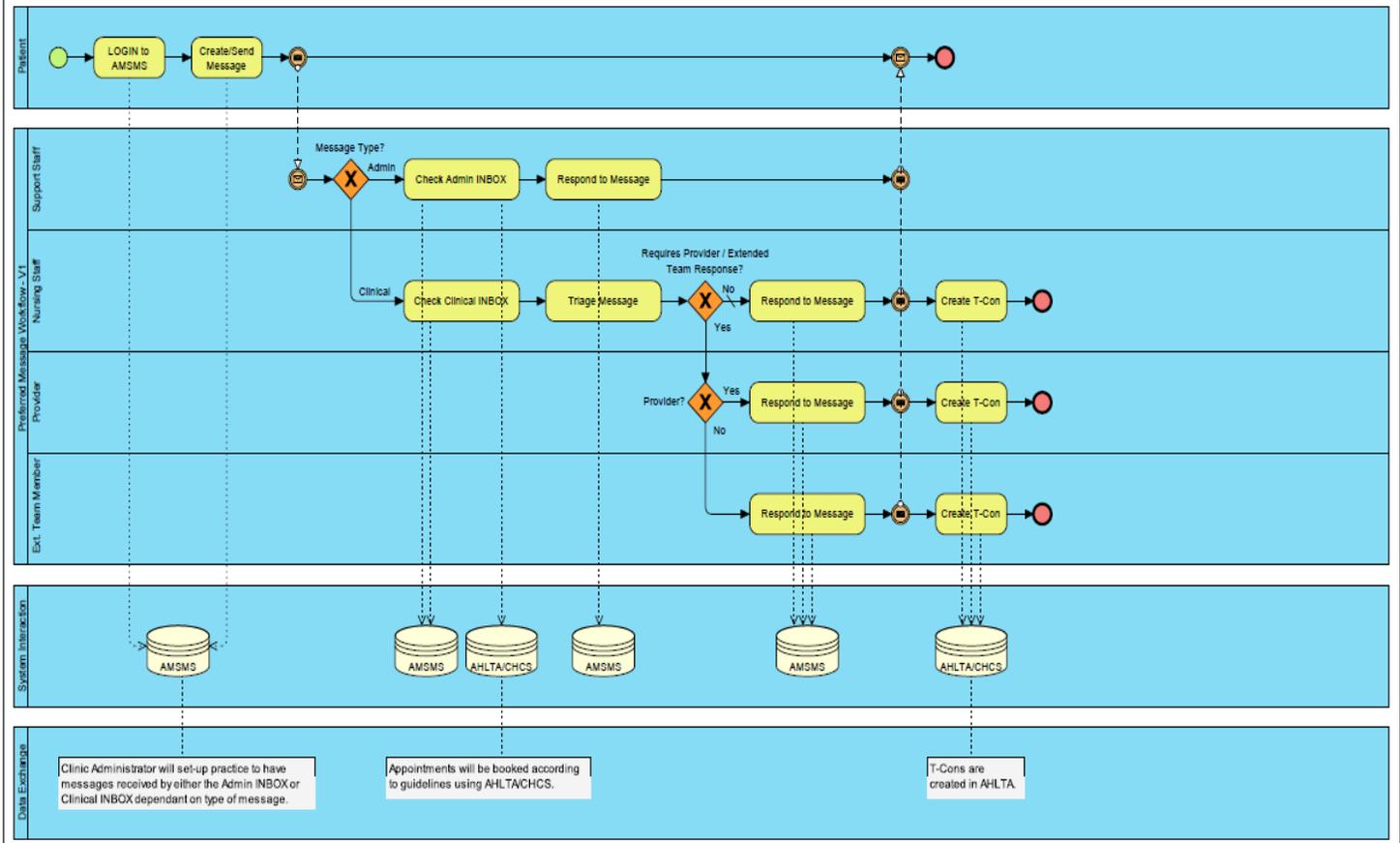
4.1 Preferred Primary Message Workflow

The preferred workflow for the Army PCMH is for the administrative patient messages to be routed to an Administrative Message Inbox and the clinical message to be routed to a Clinical Messages Inbox at the team level. This is the preferred Army PCMH workflow because it assures the messages are reviewed by appropriate team members and resolved at the appropriate skill level in the practice. Common mailboxes that are constantly monitored are a more efficient process than each message type going to a separate inbox.

The Administrative Message Inbox is managed by the practice support staff. The support staff performs the actions required to respond to the request and sends a message in reply to the patient.

The Clinical Message Inbox is managed by the nursing staff. The clinical messages are first triaged by the nursing staff. The nursing staff then performs the actions required to respond to the request and sends a message in reply to the patient. The nursing staff creates a T-Con to document the interaction in the EHR. Only the messages requiring a response from the provider are forwarded to the **patient's** provider. Those messages most appropriate for extended team members such as pharmacists, case managers, behavioral health professionals, disease management nurses, etc., should be secondarily forwarded to those individuals. The provider or extended team member responds to the request and completes the email conversation through AMSMS. The provider or extended team member documents the interaction in the T-Con or forwards the email conversation to the nursing staff to create the T-Con.

Preferred Primary Message Workflow

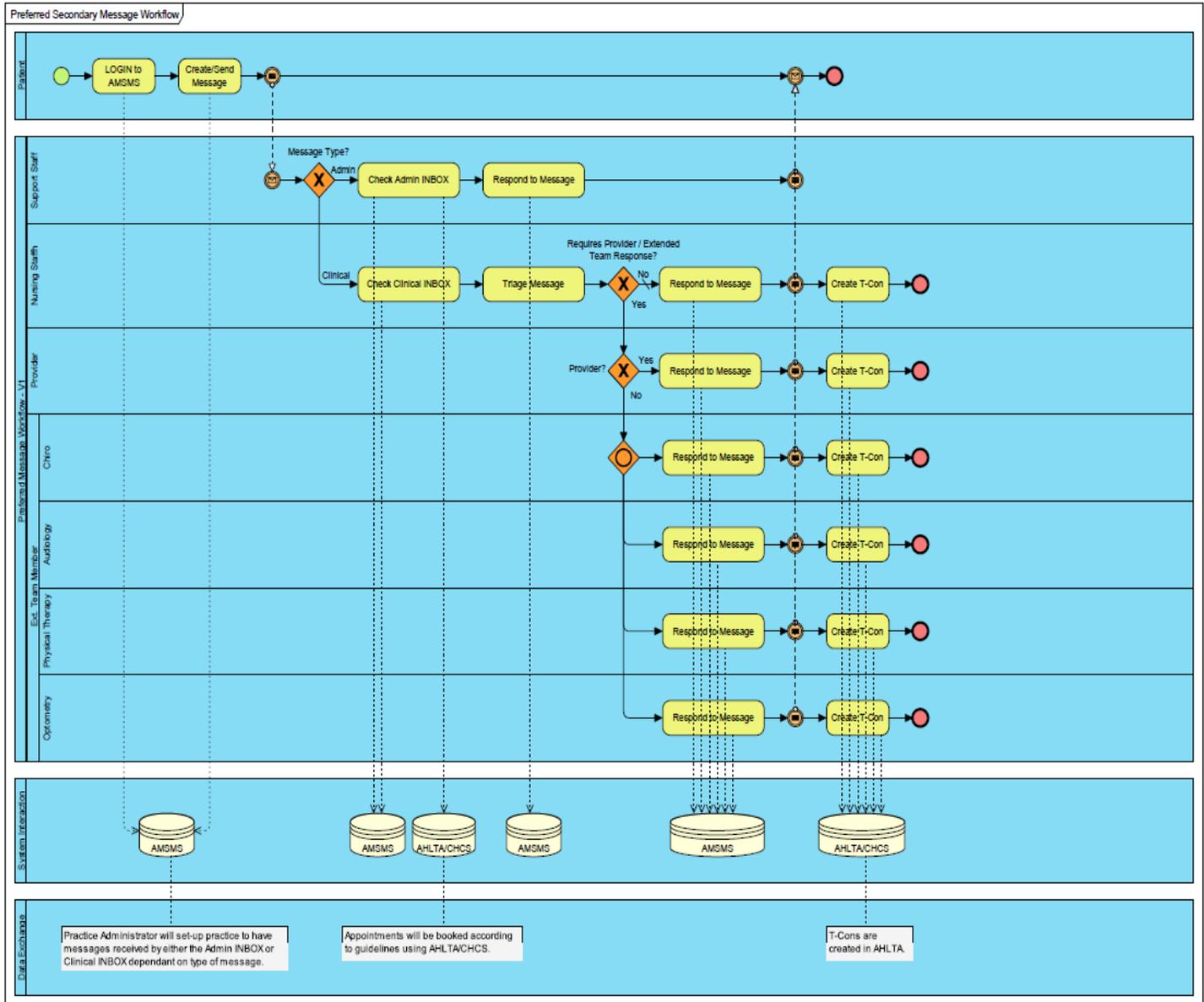


4.2 Preferred Secondary Message Workflow

Additional message routing workflows, shown below:

Can allow clinics which select to have messages forwarded to extended team members to help in the managing of patients. Practices that use this Preferred Secondary Message Workflow must include in their SOP how these individual inboxes are monitored to ensure message response time meets policy and messages are closed out.

- An established and well executed messaging response plan need to be in place prior to adding additional Inbox's to monitor and track



5 Guidelines for AMSMS

In the core content for the Army PCMH under the e-visits module, five standards for secure electronic communication are discussed:

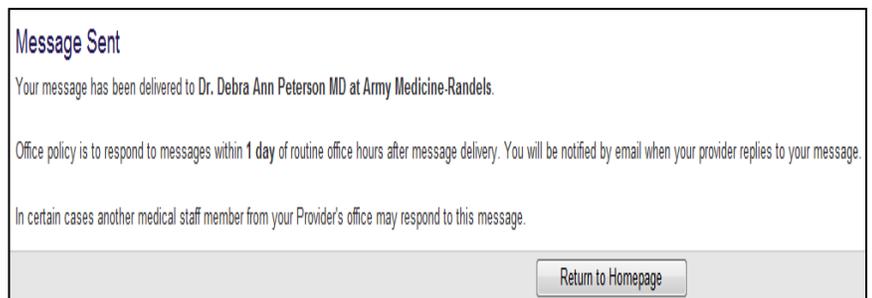
1. All staff members can clearly articulate how electronic communications can provide patient-centered care.
2. The Army PCMH practice will have a robust strategic communication plan with patients and communicate the value added through secure communication and solicit the patient to sign up for the AMSMS.
3. All staff members will participate in responding to secure messages based on the messaging workflow. The AMSMS Guide will serve as the standard for how secure messages will be processed, documented in the electronic health record and appropriately coded.
4. Team members, to include providers, will have time allocated in their template schedule to respond to AMSMS **and web visits. Practice SOP's and standard work documents will be used wherever possible.**
5. The AMSMS has a suite of capabilities that directly support the Army PCMH model. Army PCMH practices will operationalize use of the AMSMS to the following minimum standards:
 - a. Access Management – secure messaging between patient and their PCM team
 - b. Care Coordination – secure messaging between PCM team and specialty consultants
 - c. Population Health/Disease Management - pro-active patient education through robust multi-media medical condition and medication education library and pro-active notification of patient due for clinical preventative services
 - d. Patient Activation – transparency through personal health record
 - e. Enhanced Access – structured web visits

5.1 **Message Types**

The Army PCMH Core content for e-visits lays out five minimal standards for meaningful use of secure messaging. The intent is for **Army PCMH's** to use the full functionality of the AMSMS to improve access management, care coordination, population health and disease management, patient activation, and enhanced access. To ensure the patient has an equivalent experience of care with AMSMS regardless of where they seek care in our system, all Army practices will enable all message types to fully leverage this product to achieve key principles of the Army PCMH.

5.2 **Response Time**

When a patient sends a message to your office, **your practice's response time will be displayed** to them. This feature is important because it **helps patients determine whether they're** comfortable waiting for an electronic response. It also reduces the likelihood of the patient sending the same message multiple times. In addition, research has shown that patient satisfaction with the service is directly linked to receiving a response within the published response time.



Message Sent
Your message has been delivered to Dr. Debra Ann Peterson MD at Army Medicine-Randels.
Office policy is to respond to messages within 1 day of routine office hours after message delivery. You will be notified by email when your provider replies to your message.
In certain cases another medical staff member from your Provider's office may respond to this message.

[Return to Homepage](#)

NOTE: Once a staff member opens a message to look at it, it is now marked as open & the patient receives a notice. **If it is not possible to resolve the question that day, clinic personnel will mark the messages "in progress" and transfer**

it to the personal inbox of the team member responsible for completion of the message. Respond to the patient that day to let them know that the message was received, what action was taken, and when a member of the team will get back to them. This is important, because when a message is opened the patient receives an automatic notification from AMSMS. If the clinic does not answer the request immediately, the patient may feel like they are being ignored and responding to the message is the only action that will satisfy the response standard.

5.2.1 AMEDD Response Standard

The AMEDD response standard is same day for patient-initiated secure messages. Practices must ensure they have set all response times to one day for all message types.

Same Day: Messages received during routine office hours will be responded to the same business day. Those messages received after the normal office hours will be responded to as soon as possible the next business day.

- Practices need to set the default message response time to one day. When the practice adjusts the overdue messages setting, the confirmation message banner the patient sees will display the same response time

The practice will develop modified templates with scheduled time identified for team-members to conduct electronic/virtual encounters. The templates should follow a similar pattern as the example in Appendix C located at https://mitc.amedd.army.mil/sites/CIO/Resources/ACSE/Documents/AMSMSGuide_v3.2_Appendices.pdf. As the use of AMSMS increases, templates will need to continue to be modified to provide adequate time for these essential patient-centered communications to occur within the context of the daily work flow.

To best manage message activity, practice members must check their inbox frequently throughout the day. Select someone in your practice to monitor for overdue messages each day, and assign a covering staff member or provider to monitor inboxes when others are absent. Staff members with Clinic Administration rights should monitor data exchange and manage interoperability errors for reconciliation by utilizing the data administration functions (Refer to the RelayHealth Data Administration Feature Guide). Clinic Administrators have access to messaging administration **functions under the Data Administration tab in the service's Settings & Administration area**. The plan to monitor messages activity should be included in the **practice's standard operating procedures (SOP)**.

5.3 Required EHR Documentation and Coding

Documentation of online encounters will require copy and paste into AHLTA for EHR documentation and RVU capture. For clinical messages, the provider or nursing staff member messages the patient and then copies and pastes both the patient note and his/her note into a T-Con within AHLTA. The provider or Nurse then finishes the note in AHLTA, adds the appropriate ICD, CPT and E&M codes and signs. Of note, AMSMS is very Dragon-friendly. A Macro is available on the ASCE portal which will help automate this process.

5.3.1 Provider Uses of Code 99444 for Online AMSMS

Use this TCON code, "ONLY" if provider/staff are responding through RelayHealth.

CPT Code 99444 will have .25 work Relative Value Units (RVUs) and .08 practice expense RVUs.

Online evaluation and management provided by a privileged provider to an established patient, guardian, or health care provider not originating from a related E&M service provided within the previous 7 days, using the internet or similar electronic communications network. On-line medical evaluations are not intended for new patients or for established patients with an emergent medical issue, or a condition whose diagnosis and treatment could only be accomplished by visual inspection. Those patients would be advised to seek care through a face-to-face evaluation with an appropriate professional. On line communications must meet the following qualifications:

- Must be initiated by an established patient.

- Not originating from a related E&M service provided within the previous 7 days, using the internet or similar electronic communications network.

5.3.2 Non-physician Uses of Code 98969 for On-line Medical Evaluation

Use this TCON code, "ONLY" if provider/staff are responding through RelayHealth.

Online assessment and management provided by a non privileged provider to an established patient, guardian, or health care provider not originating from a related assessment and management services provided within the previous 7 days, using the internet or similar electronic communications network are reported with code 98969. However; 98969 (Online Ass & Mgt, Non-Phys, Internet) is in the Procedural coding and therefore the non-provider also needs to use an E&M as a placeholder and that is why on the Tel-Con entry they use 99499 from the drop down menu, and 98969 from the Procedure tab on the A/P. On-line assessment and management service provided by a qualified non-physician health care professional to an established patient, guardian, or health care provider not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications. On line communications must meet the following qualifications:

- Must be initiated by an established patient.
- Not originating from a related E&M service provided within the previous 7 days, using the internet or similar electronic communications network.
- The following list gives examples where you **will not** apply telephone and electronic communications codes (applies to privileged and non privileged providers):
 - Telephone/Messaging services referring to an E&M service performed and reported by the same provider occurring within the past 7 days
 - Telephone/Messaging ending with a decision to see the patient within 24 hours or next available urgent visit appointment
 - Telephone/Messaging occurring within the post operative period of the previously completed procedure
 - New patient interaction
 - Provider to provider interaction
 - Provider to commander interaction
 - Leaving messages on answering machines
 - Scheduling/Billing/Administrative issues
 - Communication of non-clinical information
 - Telephone/Messaging completed by residents that are PGY-1's
 - Providing test results without any medical decision making

5.4 Patient Registration

For those patients enrolled in AMSMS the requirement to obtain the patient's authorization for electronic correspondence IAW MEDCOM Supplement 1 to AR 40-66 is not required. This waiver is granted solely for those using the AMSMS. All other forms of unsecure patient/provider e-mail communications must comply with the Supplement provisions.

The recommended way to register a patient:

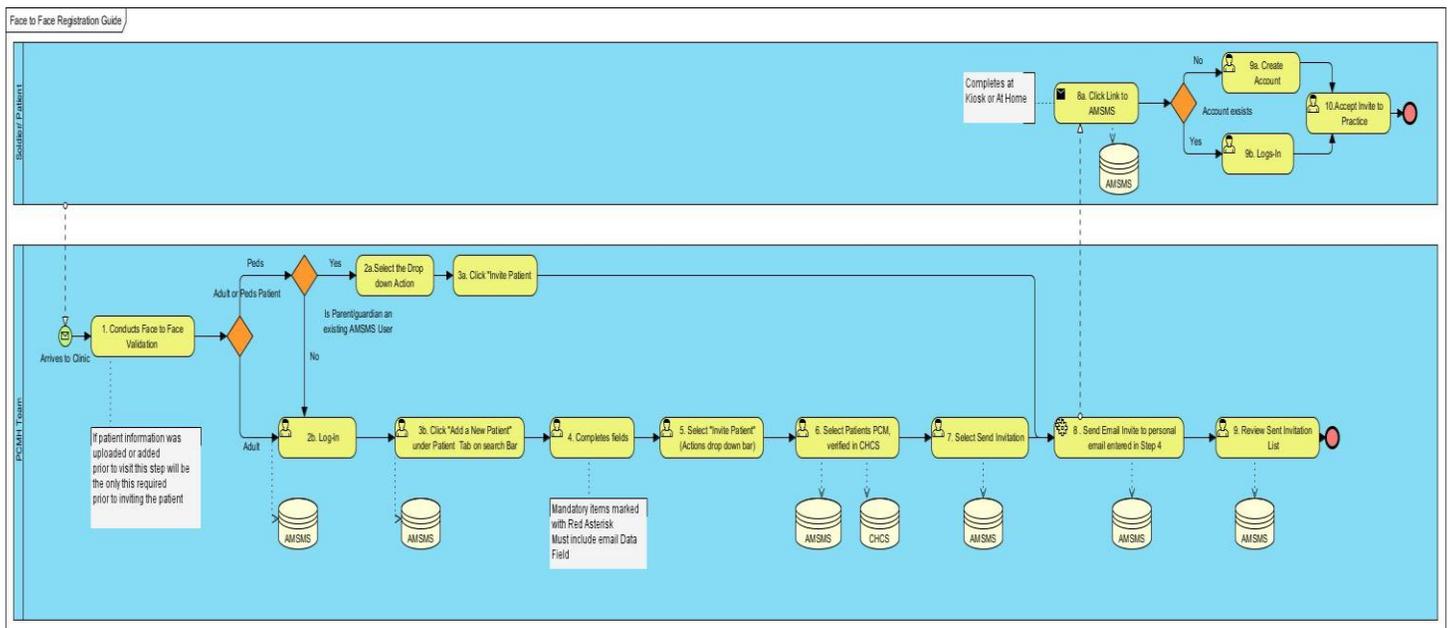
Face-to-face registration: This validation process occurs when a patient is face-to-face with a staff member who can validate their eligibility and assigned PCM. Patients should provide appropriate identification and be validated IAW

current face-to-face check in processes. Once this face-to-face validation has occurred, and you have created the Offline patient profile by adding a New Patient, then the patients can be invited to join AMSMS using the "Invite Patient" function via the action drop down, The registration can be offered at time of check in or after the clinic visit. Patients will then receive an e-mail invitation with proper Privacy Act and the Health Insurance and Portability and Accountability Act (HIPAA) provisions. If the patient accepts and clicks on the link in the invitation, he/she will be directed to a RelayHealth registration page and will electronically sign the vendor user agreement. The patient will establish his/her own user name and password at the time of registration. If the practice performs a minimal off-line registration in AMSMS to include first name, last name and DOB prior to sending the invitation to the patient then the patient will be able to complete the registration process after accepting the invitation and no further message will come to the practice requiring further validation. If the practice invites the patient without doing the minimal off-line patient registration then when the patient accepts the invitation they will be required to complete the full registration process and this will create a message to the practice requiring the practice to validate the registration demographics and accept the patient into the practice. Appendix L provides screen shots on the process located at https://mitc.amedd.army.mil/sites/CIO/Resources/ACSE/Documents/AMSMSGuide_v3.2_Appendices.pdf .

FINAL NOTES:

BY INVITING PATIENTS (ALSO KNOWN AS FACE-TO-FACE OFFLINE REGISTRATION), THE CLINIC WILL NO LONGER RECEIVE A PATIENT REQUEST TO USE RELAY HEALTH IN THEIR INBOX. THIS ELIMINATES THE NEED TO RE-VERIFY THE PATIENT AND DECREASES OVERALL MESSAGE VOLUME TO THE CLINIC.

AFTER STARTING THIS PROCESS, PATIENT REQUESTS TO USE RELAY HEALTH IN THE ADMIN BOXES WILL BE FROM PATIENTS THAT WE DID NOT INVITE FACE-TO-FACE. THESE REQUESTS IN THE ADMIN INBOX WILL REQUIRE PATIENT CONFIRMATION WHICH CAN BE DONE VIA PHONE CALL Or FACE to FACE.



5.5 Appointment Booking

The AMSMS can help facilitate patient centered appointing by offering patients and staff a secure asynchronous means to request and respond to appointment requests. The following guidance leverages the efficiency of the central appointing process while more closely linking the clinical care team into the appointing process. It is recommended that all patient generated in-coming message requests for appointments be routed to the appropriate PCMH team admin in-box (see published work-flow elsewhere in this guide). This maintains a consistent work-flow

across the MEDCOM and allows for centralized monitoring of team in-bound messages to assure response time standards are being met. One or more appointing clerks from the central appointing cell should be assigned to monitor the team admin in-boxes throughout the day (every effort should be made to modify central appointment contracts to assure that central appointments continues to support PCMH appointing using AMSMS). The central appointing clerks will have to be registered as a staff member into the AMSMS and the clinic administrator will need to assign the central appointing clerk proxy rights to the respective team admin inbox (see workflow configuration elsewhere in this guide). Appointment requests can thus be reviewed, booked and responded to by the central appointments booking clerk without undue workload burden on the care team. Under a successfully functioning advanced access system, the central appointing clerk should be able to meet the patients appointment desires in nearly all cases. However, in cases where they can't, it would be appropriate for them to message or call the patient to negotiate a convenient and appropriate appointment time. It is suggested that the clerks have their default setting set to archive messages upon response and to not allow patient responses unless feedback is needed for additional appointment options. Where central appointing cell supervisors and practice leadership feel it is appropriate, central appointing clerks could "cc for information" their supervisor and/or the team nurse in all secure patient correspondence. This provides quality control from booking supervisors and allows the clinical team to have visibility of the patient, appointment time and the reason for the appointment. In some cases it may be appropriate for the PCMH team nurse to contact the patient to arrange for pre-visit diagnostic studies or obtain additional information needed to better facilitate the scheduled face-to-face visit.

5.6 Diagnostic Results

Lab, radiology and other test results and reports of care (both positive and negative) are communicated to the patient when they are received and reviewed. Communication of results respects the patient as a member of the care team and may reduce the need for follow-up encounters.

PCM's should communicate all results that might engender questions or are abnormal to the patient themselves, either face-to-face or, if appropriate, over the telephone. Normal labs and radiology results can be sent to the patient by the provider or the nursing staff. Kaiser Permanente has found that distributing all lab results, except those deemed sensitive (i.e. HIV, HPV, etc.), does not engender increased phone calls. The care team should follow-up abnormal results with a message to the patient.

If the ED or a limited practice specialist requests labs or radiology studies, those results should be communicated to the patient and to the PCM. This can be done via AHLTA or via the AMSMS site itself (as long as the PCM is a registered user).

5.7 AMSMS "Rules of the Road"

- Professional communication only.
- **Obtain the patient's permission in writing using DD FORM 2870, Authorization for Disclosure of Medical or Dental Information, before forwarding patient-identifiable information to a third party.** [Hyper link to DD Form 2870.](#)
- Have a standard signature block attached to all outgoing messages to patients **that contains the physician's** full name, contact information, alternative forms of communication for emergencies, and security reminders.
- Establish and inform patients of the expected turnaround time for responses to patient inquiries.
- Providers and staff **must use the RelayHealth "Out-of-Office Reply" option when they are not in the office;** otherwise patients will assume their messages have been received and are being acted upon.
- Update your phone greeting. Include your Web site address in your voicemail message, along with a short statement encouraging patients to save time and communicate with you online for non-urgent matters. Update your telephone hold message to include the same information, plus specifics on key features and how to register.

- Use your Outlook Out-of-Office Assistant functionality to inform patients that you are now using the AMSMS as your communication tool.
- Use the Patient Reminder feature when replying to Appointment Request to decrease no-shows.

5.8 **Additional Guidelines**

Set Aside Time

A set-aside time for secure communication, similar to the template example in Appendix C located at https://mitc.amedd.army.mil/sites/CIO/Resources/ACSE/Documents/AMSMSGuide_v3.2_Appendices.pdf, is a viable option to manage the messages. It should follow the same business rules currently used for T-Cons. If time is set-aside for providers to answer T-Cons, then equivalent time should be provided for AMSMS. **Trading T-Con time for AMSMS time will use the providers' time better and should improve both volume and continuity. If providers do not have T-Con time, then there may be a provider satisfaction problem. AMSMS, since it is more efficient, should improve provider satisfaction as well.** See Appendix C for a sample template. https://mitc.amedd.army.mil/sites/CIO/Resources/ACSE/Documents/AMSMSGuide_v3.2_Appendices.pdf

Family Accounts

Families may have the same Generic secure messaging account with multiple users (minors and parents). Individual accounts for each member of the family can be created. For adolescents, individual accounts are recommended. Since each account has its own user name and password that is unique, sensitive tests results, **like pregnancy test or Chlamydia results cannot be seen by the patient's parents if they have an individual account.**

RelayHealth allows minors age 13 and older to register with their own separate account. Generally, a minor's age determines whether he or she is able to access health care services independently or if parental or guardian consent is required. Minors may be able to request certain levels of confidentiality or consent to various health care matters depending on their age and the laws of the residing State.

AMSMS users will adhere to Army guidance when engaging in communications with or about minors. Army guidance mandates the consenting person must be legally capable of giving consent and must understand the nature of the procedure, the attendant risks, expected results, possible alternative methods of treatment, and the prognosis if treatment is not given. Legality of consent is determined by the law of the State in which the facility is located, unless preempted by Federal law or as modified in overseas locations.

Many States allow services received under programs related to treatment of venereal disease and certain other conditions. Treatment under these conditions may be accessed independently and kept confidential, while others cannot. If no law exists on the subject or if the law does not specifically prohibit consent by a minor, the maturity of the minor should dictate whether he or she may give a legally sufficient consent. The health care provider/practitioner obtaining the **consent will determine the maturity of the minor. The minor's age, level of intelligence and the minor's understanding of the complications and seriousness of the proposed treatment are all factors to consider when determining the maturity of the minor. When the minor's consent alone is legally sufficient, the minor's decision to authorize or reject the proposed treatment is binding. Even when the minor's consent alone is not legally sufficient, his or her consent should be obtained along with the parent's consent** whenever the minor is able to understand the significance of the proposed medical recommendations.

RelayHealth does not allow minors under age 13 to have separate accounts. Therefore, all AMSMS communications with minors under age 13 will occur through an adult surrogate. Verification that the adult surrogate is, in fact, a parent or legal guardian should follow the same laws and guidelines currently in place when communicating with adults about a minor by other venues such as telephone, face-to-face and unsecure electronic communication modalities. The preferred and safest method to validate the adult surrogate is to perform in-person validation and then authorize the communication relationship.

If there is a question as to the sufficiency of the **minor's consent, the servicing SJA or legal advisor will be consulted.**

RelayHealth allows an adult to request to message on behalf of another adult (adult surrogate for another adult). This can be useful for adults caring for elderly family members or for a family member without ready access to the AMSMS. Providers and staff using AMSMS are authorized to accept these adult for adult surrogate relationships but must have permission from the other adult in writing before a practice accepts this relationship. The recommended form is the DD Form 2870 (Authorization for Disclosure of Medical or Dental Information) with specific annotation of the adult being given permission to send and receive medical information on their behalf via secure messaging (this should be written in block 8 of section II). In Section II, Blocks 6a-c: enter the name and information of the person to act as his/her surrogate. In block 8, enter "The adult listed is being given permission to send and receive medical information on my behalf via secure messaging." If the consenting adult is unable to sign then a power of attorney should be provided or evidence of guardianship. A copy of DD Form 2870 is provided in Appendix F to this guide.

https://mitc.amedd.army.mil/sites/CIO/Resources/ACSE/Documents/AMSMSGuide_v3.2_Appendices.pdf

Guidance for management of provider licenses and patient management

1. When a provider leaves a practice/clinic/MTF, his/her patients must be disassociated with that provider and reassigned to another provider. **The clinic administrator at the MTF will use the "patient reassignment" module in the AMSMS to move all patients associated with the departing provider to one or more other providers in the practice (See Appendix G, Patient Reassignment).** If the new incoming provider is not available to receive patients immediately then it is STRONGLY encouraged that patients be kept within the Army PCMH Home team within PCMH practices to assure team continuity and to maintain a consistent **workflow and patients' familiarity with other team members with whom they are used to messaging. As soon as a new provider is ready to receive patients the clinic administrator will again use the "patient reassignment" module to associate his/her panel patients who are registered with AMSMS.**
2. **Once a departing provider's patients have been dissociated with the provider's AMSMS account the clinic administrator will contact the vendor at their 24/7 support line and inform the support person of the provider's departure.** The vendor will forward that message to the appropriate project manager. The project manager **will contact the clinic administrator to advise provider's account has been deactivated.** The same process is used to add new providers to the practice.
3. Practices should reconcile patient list at least monthly. Patients may be de-linked from a clinic on either a weekly or monthly basis. Clinic Administrators can perform this function. The checkout process should include a step to ensure that patients PCSing checkout with an individual who has Clinic Administration Rights, and their names are captured to be batch updated at either a weekly or monthly interval.
4. MTF and their practices will be responsible for managing their AMSMS licenses. However, in the event an MTF has excess or insufficient licenses to support all their providers (consistent with phase of deployment) then they will contact their RMC POC for the AMSMS to offer unused licenses to other **MTF's or** request additional license support. The RMC POC will coordinate with the USAMITC AMSMS PM for overall license management for the MEDCOM.

Note: All requests for adds and deletes coming from an MTF will be assumed to have been vetted and approved by the Army, prior to submitting to the Vendor.

6 Security and Access

One of the benefits of the AMSMS is the ability to ensure patient privacy. To protect information communicated via the service, all members – patients, staff members, and providers – are required to register and enter a unique Sign In name and Password to access and use AMSMS.

Additional security and access features include:

6.1.1 Provider and Staff Access

Clinic Administrator Rights: Clinic Administration rights can be assigned to providers and staff members. By default, the provider and/or staff member who created the practice in AMSMS is designated as the clinic administrator; however, the practice creator can assign this role to others. Clinic administrators can change message routing, approve new practice members, and set access levels for other practice members.

Message Proxy: Message Proxy enables staff members to send messages directly to the patient on a provider's behalf. Without message proxy rights, staff members cannot send messages directly to patients—they can prepare messages and forward them to providers, but a provider must send the message. All staff members who normally communicate with patients on the phone should be granted *Message Proxy* rights.

Inbox Access: By default, all practice members can access all inboxes. If necessary, you can limit inbox access to designated practice members. This flexibility facilitates maximum cross-coverage and confidentiality.

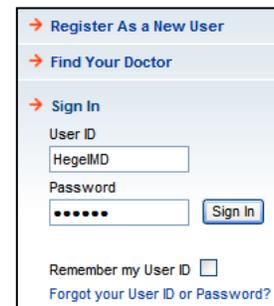
Batch Print: Batch Printing rights allow providers or staff members to print messages by date, provider name, patient name, Patient ID (MRN), and/or message type. All staff members assigned to print messages for the patient chart should be granted *Batch Printing* rights.

Data Administration: Data Administration is a partner self-service area integrated into AMSMS. Providers or staff members who have Data Administrator privileges can use this service area to monitor data exchange of Add/Update Patient, Clinical Result, and Referral transactions and resolve interoperability errors. Additionally, only those users who have Data Administrator privileges may access and use the service's Bulk Patient Upload feature.

6.1.2 Patient Access

Approve/Decline Patient Request to Use AMSMS: Patients must request permission to communicate with their provider(s) online. Practices **approve or decline a patient's request**. Every practice using the AMSMS should develop a Patient Acceptance Protocol such as:

- Patient name, gender, DOB, etc. matches Practice Management System and/or paper chart
- Requestor is a current patient of the practice
- Requestor has been seen at the practice within the last year
- Both providers and patients can deactivate their online relationship at any time.



→ Register As a New User
→ Find Your Doctor
→ Sign In
User ID
HegelMD
Password
..... Sign In
Remember my User ID
[Forgot your User ID or Password?](#)

7 Decision Maker

The six decisions outlined in this section form the foundation of your AMSMS. As such, they should be carefully considered by an individual with an appropriate level of authority within your practice – a key provider or office manager, for example. Careful consideration of the implications of these decisions now will go a long way toward streamlining the rest of the set up process.

 This symbol tells you where to go for more information on a topic.

7.1 **Decision 1: Identify AMSMS Practice Members**

Your first decision involves identifying the members of your practice and designating them as Provider or Staff. Your practice, which typically consists of the members of your medical group or office location, will share patient information and message reply responsibility.

Practice members are assigned one of two roles: **Provider** or **Staff**.



Providers are physicians and all others with patient panels who require a Web presence to facilitate patient communication—such as nurse practitioners, physician assistants, and educators. Role-based access can be established for clinical support, which would allow each provider access (or restriction) to certain functions (e.g., webVisits).



Staff includes nurses, office managers, schedulers, and medical assistants.

Clinic Administrator —Needs to be one per clinic minimum. This role can be assumed by virtually anyone in the practice (generally technically savvy practice members, can range from front desk to physicians).

Clinic Administrators have all admin rights (see Administrator feature guide on AMSMS SharePoint site). This role is responsible for monitoring timeliness, etc. Clinic Administrator is responsible for reviewing release notes and attending new release training webinars, then in turn educating the practice to the relevant changes.

Your practice can include as many staff and **provider members as you'd like** – to accommodate the needs of a single provider or a large multi-physician practice.

7.2 **Decision 2: Assign Member Rights**

Each practice member can be assigned a combination of rights within AMSMS:

Admin Rights: Enables providers or staff members to change message routing, approve new practice members, and set access levels for other practice members.

Message Proxy: Enables **staff members to send messages directly to the patient on a provider's behalf**. Without message proxy rights, staff members cannot send messages directly to patients—they can prepare messages and forward them to providers, but a provider must send the message. All staff members who normally communicate with patients on the phone should be granted *Message Proxy* rights.

Batch Print: Enables providers or staff members to print messages by date, provider name, patient name, Patient ID (MRN), and/or message type. All staff members assigned to print messages for the patient chart should be granted *Batch Printing* rights.

Results Manager: Practices that are enabled for use of the Results Distribution Service (RDS) and the Results Manager automatically grant access to all providers in the practice when the services are enabled. Clinic administrators can grant *Results Manager* access to individual staff members in the Settings area of the application.

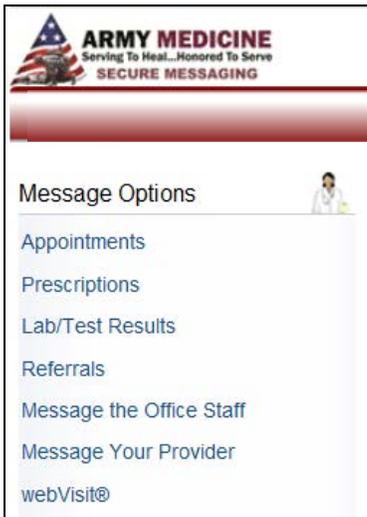
📖 See **Security and Access** in the *Service Overview* for more details.

7.3 **Decision 3: Decide Which Messages to Offer**

Practices are NOT permitted to deactivate any of the standard message types from the AMSMS. In this way we assure that patients have a similar experience and expectations with the AMSMS regardless of where they seek care. Practices should adjust their workflow to accommodate the AMSMS message types in accordance with guidance in the AMSM OPOD and this guide.

📖 See **Messages** in the *Service Overview* for more information on available message types.

7.4 **Decision 4: Associate Message Types with Inboxes**



All patient messages are delivered to their Practices Clinical or Administrative inboxes. Your first step is to decide which of the seven messages types will be routed to your practices Clinical or Administrative Inbox

Your next step is to contact your Clinic Administrator to associate the message type to the appropriate Inbox.

If you wish to route certain message types to an inbox other than that of the **patient's provider, you will want to create custom inboxes that model the established workflow of your practice.** For example, clinical messages might be routed to nurses or medical assistants for triage (to a custom inbox titled *Clinical Messages*), while administrative messages could be sent directly to office staff (perhaps via the office **manager's personal** inbox or a custom inbox titled *Administrative Messages*). As per section 3.1, it is strongly encouraged in 33 Army PCMH clinics to set up custom inboxes for administrative messages and clinical messages instead of sending messages directly to the patient's provider.

📖 See **Workflow** in the *Service Overview* for more details.

7.5 **Decision 5: Establish New Message Notifications**

Now you'll determine whether automatic notices will be transmitted to practice members when a message is delivered to an inbox—either their personal inbox or a custom inbox to which they have access.

There are three notification settings:

No Notifications: No notifications are sent. This is the default setting for all inboxes.

Via e-mail: Notification is sent via e-mail. This setting requires entry of a member's practice e-mail address.

Via fax: Notification is sent via fax. This setting requires entry of the practice's fax number.

You can also indicate when and how frequently notifications are sent:

Immediate Notification: E-mail notifications are sent as soon as a message is delivered to the inbox.

-or-

Available times for e-mail notification: 4 AM, 7 AM, 10 AM, 1 PM, 4 PM, 7 PM (Pacific Time).

Available times for fax notification: 5 AM, 1 PM (Pacific Time).

8 Technical Requirements

The AMSMS is accessed through a secure Internet site—there is no software to install. You can run this service using either a PC or a Macintosh computer. To ensure effective use of the service, follow these technical requirements:

8.1.1 Internet Access

AMSMS recommends DSL or Cable Modem Internet access.

8.1.2 Workstations

All workstations accessing AMSMS must have Internet access. For optimal staff adoption and utilization, AMSMS recommends receptionists, triage nurses, and office managers have the ability to access the service.

8.1.3 Browsers

The AMSMS supports the following Web browsers:

- Microsoft Internet Explorer 6, 7 and 8 on Windows XP and higher
- Mozilla Firefox 3.5 on Windows XP and higher
- Safari 4 on Mac OS 10.4 and higher

8.1.4 Pop-Up Blockers

If you use any of the following browsers or add-ins, you may be using a pop-up blocker:

- Internet Explorer on Windows XP with Service Pack 2 (SP2)
- A Mozilla-based browser such as Netscape Navigator 6.0 or higher, Mozilla, or Firefox
- A third-party Internet Explorer toolbar, such as the MSN, Yahoo! or Google toolbars
- A third-party Internet security program, such as McAfee Personal Firewall Plus

If you are using a pop-up blocker, you will need to explicitly allow RelayHealth to display pop-ups. This is often called 'whitelisting.' Please review documentation for the product(s) you are using to determine how to add "www.relayhealth.com" into your whitelist.

9 Online Setup

A practice member who has administrative rights should complete this section. Refer to the *Decision Maker* Section before starting this section.

9.1 **Step 1: Accept Providers and Staff into Your Practice**

1. On your *Home* page, under *Reminders*, click **Group Approvals**.
2. Click **Approve (or Decline)** for the provider or staff member.
3. Click **Confirm** to accept the member into your practice.
4. Repeat the process until all members are accepted.

9.2 **Step 2: Establish Member Rights and Set Inbox Notifications**

Establishing Member Rights

The following are the default settings for member rights in AMSMS:

For Providers:

Name of Practice Member	Provider or Office Staff?	Message Proxy?	Batch Print?	Admin Rights?
Default Physician, MD	Provider	n/a	Yes	No

For Staff Members:

Name of Practice Member	Provider or Office Staff?	Message Proxy?	Batch Print?	Admin Rights?
Default Staff	Staff	No	Yes	No

If a practice member's rights match the default settings above, you can skip the *Establish Member Rights* steps for that practice member, and continue to *Setting Notifications for Member Inboxes*.

Otherwise:

1. From your *Home* page, click **Settings** on the blue global navigation bar.
2. On the **Practices** tab, select the practice name from the drop-down list, if applicable.

a) For a provider member:

1. Click the provider's name on the *View Practice Setup* page.
2. Click **Edit Provider Settings**.
3. Indicate whether the provider is granted *Admin Rights* and/or *Batch Print* and click **Save**.
4. On the *View Provider's Settings for this Practice* page, verify your changes.
5. Continue to **Setting Notifications for Member Inboxes**.

b) For a staff member:

1. Click the staff member's name on the *View Practice Setup* page.
2. Click **Edit Staff Settings**.
3. Indicate whether the staff member is granted *Message Proxy*, *Admin Rights*, and/or *Batch Print* and click **Save**.

4. On the *View Staff Member's Settings for this Practice* page, verify your changes.
5. Continue to **Setting Notifications for Member Inboxes** below.

Setting Notifications for Member Inboxes

Note: Some of your members' notifications may already be set before you perform this step. Providers have the option to set their notifications when they register with AMSMS. In addition, if a staff member entered their e-mail address when they registered for AMSMS, they will automatically receive immediate e-mail notifications.

1. If you're continuing from **Establishing Member Rights** section above, select a provider or staff member name from the *View Practice Setup* page. On the *View Staff Member's/Provider's Settings for this Practice* page, click **Edit Notification Settings**.

-or-

From your *Home* page click **Settings**, select the **Practices** tab from the secondary navigation bar. If applicable, select your practice from the drop down menu. Select a member name on the *View Practice Setup* page. On the *View Staff Member's/Provider's Settings for this Practice* page, click **Edit Notification Settings**.

2. Under *Unopened Message Notification*, select *No notifications, Via e-mail, or Via fax*.
3. Indicate the name of any other members who should receive notification for this inbox:
 - a) **For Via e-mail:** Under *Practice members via e-mail*, select the name of *the Practice member(s) with e-mail to notify* in the right box, and click the left arrow (<) to move them to the notification list on the left. **Note:** the list on the right includes only those members who have an e-mail address listed in their *Contact Information* section.
 - b) **For Via fax:** In the *Practice member recipient* drop-down menu, select the name of the member who will receive fax notifications for this inbox. **Note:** the menu includes only those members who have a fax number is listed in their *Contact Information* section.
4. Select the times for the notification schedule.
5. Click **Save**.
6. Verify your changes on the *View Staff Member's/Provider's Settings for this Practice* page, and click **Close**.
7. Repeat the steps in **Establishing Member Rights** and **Setting Notifications for Member Inboxes** for all members.

9.3 Step 3: Create Message Inboxes for Your Practice

If you have any custom inboxes listed on **Worksheet 3**, follow the instructions below to create them and set their inbox notifications.

1. From your *Home* page, click **Settings** on the blue global navigation bar.
2. Select the **Practices** tab from the secondary navigation bar, and choose the appropriate practice from the drop down menu, if necessary.
3. On the *View Practice Setup* page, choose **Add a New Inbox** from the *–Select an Action–* drop down menu, and click **Go**.
4. Enter the name of a custom inbox from **Worksheet 3**, and click **Save**.

5. On the *View Settings for this Custom Inbox* page, under *Unopened Message Notifications* at the bottom of the page, click **Edit Notification Settings**.
6. Under Unopened Message Notification, select *No notifications, Via e-mail, or Via fax*.
7. Indicate the name of practice members who should receive notification for this inbox:
 - a) **For Via e-mail:** Under *E-Mail Notification*, select the name of the *Practice member(s) with e-mail* to notify in the right box, and click the left arrow (<) to move them to the notification list on the left. Note: the list on the right includes only those members whose e-mail address is listed in their *Contact Information*.
 - b) **For Via fax:** From the *Practice member recipient* pull-down menu, select the name of the member who will receive fax notifications for this inbox. Note: the menu includes only those members who have a fax number is listed in their *Contact Information*.
 - c) **For Via pager:** Follow the instructions above for Via e-mail.
8. Select the times for notification schedule.
9. Click **Save**.
10. On the *View Settings for this Custom Inbox* page, click **Close**.
11. Repeat for all custom inboxes.

9.4 **Step 4: Establish Message Settings**

Practice message settings act as the default message settings for providers who may join the practice in the future. **Changing these settings does not automatically update the message settings for all the current providers in the practice.** In order to apply these settings for all current providers in the practice, make sure to perform step number 11 below after establishing all the message settings.

1. From your *Home* page, click **Settings** on the blue global navigation bar.
2. Select the **Practices** tab from the secondary navigation bar. If necessary, select the appropriate practice name from the drop down menu.
3. On the left navigation menu, click **Message Settings**.
4. Under *Message Options and Routing*, click the **Edit** button next to the message type (e.g., *Appointment Request*). **If you don't see the Edit button next to the message type, you don't have the administrative rights to alter routing and options.** Contact your clinic administrator.
5. Answer *Yes* or *No* to *Enable this message type*.
6. Under *Route to*, indicate which practice member or custom inbox will receive incoming messages of this type.
7. Under *Response Time*, enter One (1) Day, which is the standard timeframe for staff responses to messages.
8. **OPTIONAL** – Enter *Additional instructions to patient* if **you'd like to include information to help patients** compose this type of message.
9. Click **Save**.
10. Repeat for each message type.
11. Once all message settings have been established, click **Update Settings for All Practice Members** on the left navigation menu to apply these settings to all current providers in the practice. Then read the confirmation message and click **Confirm**.

Congratulations!

You have completed the Online Setup section!

We recommend that you encourage each of your practice members to complete an online training session. Through the feature called *Training Messages*, practice members can receive system-generated training messages from 'test' patients (not real patients) in their AMSMS inboxes that include instructions on how to respond using the various features of the service. Training messages allow practice members to experience responding to patient messages before "going live" with real patients.

On your *Home* page click **Start a Training Session** in the left navigation bar.

10 Patient Enrollment

One of the most important steps to successfully implementing the AMSMS involves enrolling and registering patients.

Any established patient is eligible to use the AMSMS (however, if you think a patient might misuse the service, AMSMS **enables you to decline a patient's request to communicate this way**). **We believe you'll find your patients eager to register for AMSMS once you explain the service to them.**

As you introduce AMSMS to your patients, you might want to establish a goal, or 'RelayRace,' for your practice – like registering 100 patients in the first 90 days—to keep momentum rolling.

 The RelayHealth *Patient Enrollment Program* Guide in the Help & Training section of the service has a wealth of information and ideas for your practice.

- For issues related to the website performance, Call the RelayHealth toll-free number and speak to one of the RelayHealth Customer Support representatives from 4:30 am to 5:00 pm Pacific Standard Time: 1-866-RELAY-ME (1-866-735-2963), select option 1 or send a secure message via <https://app.relayhealth.com/CustomerSupport.aspx>
- For issues related to Tier One Help Desk support, contact the USAMITC Enterprise Service Desk.
- System Change Request (SCR). Individual sites will contact Mr USAMITIC Project Lead, (210) 808-2855, with **any SCR to request changes to the vendor's program functionality**.
- If you have additional questions or concerns, please contact your Clinic or MTF POC who can contact their Regional AMSMS POC, USAMITIC PM or RelayHealth as needed.

10.1 Patient Benefits

Familiarize yourself with the following benefits so you can communicate them to your patients:

Access

With AMSMS, patients can communicate with you from virtually anywhere, at anytime – all they need is an Internet connection. This gives them the ability to pose concerns and questions in their own words, with no time pressure.

Convenience

Your patients no longer have to sit on hold or wait for your office to open to resolve their non-urgent healthcare needs.

Information

Through AMSMS, you can share a wealth of medically reviewed information with your patients, geared towards helping them better manage their health.

Patients can also record their health history and medication lists in one convenient location – the Personal Health Record.

Security

AMSMS's encryption technology and privacy policy protect the confidentiality of patient information – more securely than either the telephone or regular e-mail, and in line with HIPAA requirements.

10.2 Additional Tips

Proactively Include Education Content in Patient Messages

There is not always enough time to provide your patients with detailed information about common ailments. You can educate your patients outside of the waiting room with **RelayHealth's Patient Education content**. The service enables you to insert weblinks to any Patient Education materials, as well as other web links you may reference, to your patient and colleague messages. Alternatively, you can easily select and paste excerpts from the Patient Education topics into your messages or create templates with the content to use over and over again. In addition, you may use the Add Files feature to include any of your practice's own content in messages. There are over 5,000 elements of content, animations and illustrations on health matters and conditions and over 6,000 elements of content on medications to select from.



(Required) Update your phone greeting

Include your Web site address in your voicemail message, along with a short statement encouraging patients to save time and communicate with you online for non-urgent matters. Update your telephone hold message to include the same information, plus specifics on key features and how to register.

Invite your patients

When patients check in for their office visits, collect their e-mail addresses using e-mail enrollment pads. Use the information to add a new patient called Off-Line Registration, then the patients can be invited to join AMSMS using the "Invite Patient" function via the action drop down, this method is different from the "Invite Patient" under "Patient Enrollment" on the provider/staff home page – which is no longer the recommended method.

Take advantage of existing opportunities to inform your patients

Print information and instructions about your online service on your appointment cards. Include information about the service with your mailings.

Distribute an electronic communication policy

Your patients may be concerned about the security of online communication. Develop a policy statement that explains the differences between e-mail and AMSMS messaging and outlines the scope of medical matters you'll address online. To download our sample policy, select **Promote Your Online Service** from *Quick Links* on your *Home* page and then click **Download Documents**. Remember to customize the policy to the needs of your practice.

Give your patients tips for using AMSMS

Create a document that guides patients through the registration process and familiarizes them with key features. Make it available in your waiting room or send it to interested patients. To download a customizable Overview Handout, select **Promote Your Online Service** from *Quick Links* on your *Home* page and then click **Download Documents**. Customize the handout to suit the needs of your practice.

Place a computer in your reception area for on-site registration

If you can spare a computer and an Internet connection, reserve an area in your lobby where patients can register for AMSMS while they wait for their appointment. Registration is quick and easy to complete. For information about materials to help promote on-site registration, contact RelayHealth Customer Support.

Inform your patients with Preventive Care Messages

Using the full features of AMSMS will impress your patients and help keep the service top-of-mind. Preventive Care reminders that cover topics like cholesterol screening and age appropriate immunizations can be delivered automatically to AMSMS patients based on criteria you set. Simply select **Patients** from the blue global navigation bar and click **Setup Preventive Care Programs** on the left navigation bar to view the available topics.

11 Lessons Learned

The following are lessons learned on using the AMSMS from clinics already using the service:

- An effective method for inviting patients to participate in the AMSMS is to invite the patients during the screening process of an encounter. While collecting history information, the nurse explains AMSMS, the benefits of AMSMS, when AMSMS should be used, and asks the patient if they would like to participate. The nurse collects the email address along with the other screening information.
- Create a clinical inbox for each team. If the messages remain in the team clinical inbox, they can be monitored by the entire team. If someone is out, then the substitute team member can see the messages. The case manager and triage nurse can see the messages for their team as well. Only forward messages to individual inboxes when necessary.
- Masking e-mail addresses and patient identifies, use broadcast messages effectively to notify all patients or a subset of patients. Broadcast messages can be used to notify all patients of reduced clinic hours due to a holiday **for example. Or a specific provider's patients can be notified when the provider will be out on leave for an** extended period. Broadcast messages can be used to notify patients of an upcoming class (for example, a healthy lifestyle class). If email points of contact are provided in broadcast messages, make sure they can be reached through the AMSMS. For example, patients were invited to a class and were to sign up with the case manager, but the case manager is not accessible directly through RelayHealth. Only providers are available through RelayHealth.
- The patient educational materials included in the AMSMS are easy to access and to provide to patients both electronically and in printed form. Time is saved in cases where the patient educational information can be used instead of the nurse composing a message to the patient. Also, content can be pre-selected for a clinic newsletter that goes out at prescribed intervals. Unique content, such as date, location, and times for influenza vaccinations, can be added to the pre-selected content.
- Ongoing training of patients as to the appropriate use of AMSMS is important. For example, explaining that AMSMS is not used for acute care and reminding patients as to which scenarios AMSMS is most effective. Patients may not use the structured messages for lab/test results and medication renewals and may send too many requests in one message – for example, request for lab results, question for the provider, and a request for an appointment in the same message. Since different team members may respond to the appointment request and the clinical requests, the requests would be processed more quickly if in separate messages.
- The clinic will need a process to determine when patients have left their clinic so they can be removed from the AMSMS. This prevents patients who have left the clinic from sending requests, for example, requesting a RX renewal. A process that has been implemented is for the group practice manager to request a monthly disenrollment report, reconcile it with DEERS and compare it to the AMSMS in order to remove patients that have left the clinic.
- Since messages should not go directly to a Behavioral Health Provider, then the Behavioral Health Provider should **be classified as "staff" in the AMSMS and not "provider"**.
- Once a staff member opens a message to look at it, it is now marked as open. This can be confusing if the staff member who opened the message did not intend to respond to it. This may cause other staff members to think the message is in progress and someone else is working it, when that is not the case.
- Patients with a chronic condition requiring home monitoring such as a patient with heart failure who performs daily weights or a patient with hypertension who does home BP monitoring can record those measurements in the vital sign section of the integrated electronic personal health record that is part of AMSMS. This data is available to be viewed by the provider and care team thus reducing need for follow up appointments just to bring in home measurements.

- Chronic conditions could be monitored by scheduling routine messages to a patient to assess how an intervention is doing such as side effects of benefits of a new medication. This regular contact and feedback can be used to titrate and adjust management without the need for as many face-to-face follow up visits.

12 Glossary

Administrative Patient Messages: Appointment Request, New Patient, and Note To Office message types.

Admin Rights: Administrative rights, assigned to the clinic administrator, enable users to change message routing, approve new practice members, and set access levels for other practice members.

Appointment Request: A message with structured fields enabling a patient to enter preferred appointment times. A patient may also request to cancel or reschedule existing appointments. When replying with the final appointment time, automatic appointment reminder messages can be enabled

Approve/Decline Patient Request to Use AMSMS: Patients must request permission to communicate with their provider online; providers approve or decline a patient's request to message them online. Both providers and patients can deactivate their online relationship at any time.

Batch Print: Enables providers or staff members to print patient messages by date, provider name, patient name, patient ID (MRN), and/or message type.

Clinic Administrator: By default, the provider or staff member who created the practice in AMSMS is the designated clinic administrators. Others can be assigned the role of clinic administrator by this provider or staff member. Clinic administrators have system privileges that enable them to change message routing, approve new practice members, and set access levels for other practice members.

Clinical Patient Messages: webVisit, Note to Doctor, Rx Renewal Request, Lab/Test Result Request, and Referral Request message types.

Colleague Messages: Message to Colleague and Refer Patient to Colleague message types.

Customizable Message Features: New Message Notification and Special Instructions can be applied to AMSMS messages.

Inbox Access: There are practice, team, and user levels of inbox access, all of which can be customized for each inbox to ensure maximum cross-coverage and confidentiality.

Lab/Test Result Request: A patient-initiated secure message requesting test results. Providers or staff members can reply using convenient test results templates, which populate standard result information such as test names, ranges, and values.

Message Proxy: Granted by the clinic administrator or a provider with administrative rights, message proxy enables staff members to send messages directly to the patient on behalf of the provider. Without message proxy rights, a staff member cannot send a message directly to the patient—they can prepare a message, but a provider must send it to the patient.

Message to Colleague: A secure message practice members send to other practice members or outside colleagues who use AMSMS.

New Patient: A system message generated each time a patient requests an online relationship with a provider. Provider or staff subsequently approve or decline online communications with the patient.

New Message Notification: Fax or e-mail alerts that notify members whenever an AMSMS message is delivered to a corresponding inbox.

Note to Doctor: A basic patient-authored, free-text secure message. When responding, providers or staff members can elect to use an array of AMSMS clinical tools.

Note to Office: A patient-initiated secure message designed for change-of-address, insurance information updates, or similar matters.

PFCC: Patient and Family-Centered Care; an approach to health care based on beneficial partnerships among health care providers, patients and families.

Preventive Care Programs: Patient education messages, on topics ranging from immunizations to screening reminders, which can be sent automatically to specific patient groups based on age and gender.

Refer Patient to Colleague: A structured provider message automatically populated with patient information for convenient referrals.

Referral Request: A structured patient-initiated message requesting a referral to a specialist.

Response Time: The AMEDD standard is 24 hours; the time starts when the patient sends a new message and stops when that message is replied to by a staff member, which may not necessarily resolve the issue.

Rx Renewal Request: A secure message containing prescription information for medication a patient would like to renew. Once authorized, **AMSMS automatically faxes renewals directly to the patient's pharmacy of choice.**

Special instructions: Custom instructions to the patient that can be added to each message type.

The AMSMS Guide Appendices are located at AMEDD Clinical Systems Exchange at the following URL:

https://mitc.amedd.army.mil/sites/CIO/Resources/ACSE/Documents/AMSMSGuide_v3.2_Appendices.pdf