

HEADQUARTERS, US ARMY MEDICAL COMMAND
Fort Sam Houston, TX 78234-6007
301000Q July 2012

OPERATION ORDER 12-57 (Implementation of Army Medicine Secure Messaging Service (AMSMS))

References:

(a) MEDCOM Supplement 1 to AR 40-66, Medical Record Administration and Documentation, 4 Apr 11

(b) Code of Federal Regulation (CFR) Title 32, Chapter 1, Section 199, Civilian Health and Medical Program of the Uniformed Services, 31 Jul 03

(c) Policy Memorandum, OASD (HA), 18 Sep 09, subject: Implementation of the Patient-Centered Medical Home Model of Primary Care in MTFs

(d) Military Health System (MHS) Guide to Access Success, 15 Dec 08

(e) Medical Management Guide Version 3.0, TRICARE Management Activity, 2009

(f) MEDOCM Operation Order 09-36 (Access to Care Campaign) 301900Q Mar 09; FRAGO 1 published 050700R Feb 10; and FRAGO 2 published 210500R Dec10

(g) MEDCOM Operation Order 11-20 (Army Patient-Centered Medical Home) 250715R Jan 11; FRAGO 1 published 141630Q October 2011

(h) NCQA 2011 PCMH Standards and Guidelines, 31 Jan 11

(i) Army Implementation Guide to Army Medicine Secure Messaging Service, V2.0, 03 Apr 12

(j) CBMH Operations Manual, 12 Jan 11.

(k) 2010 Portable Comprehensive Accreditation Manual for Ambulatory Care (CAMAC), Dec 2009

(l) MHS IM/IT Strategic Plan, 2010 - 2015

(m) "Joint Principles for Accountable Care Organizations," American Academy of Family Physicians, 19 Nov 2010

(n) MHS Patient Centered Medical Home Guide, June 2011

Time Zone Used Throughout the Order: Quebec (Eastern Daylight Time).

OPORD 12-57 (Implementation of Army Medicine Secure Messaging Service (AMSMS)) – USAMEDCOM

Task Organization: No change.

1. Situation.

a. Consistent with the MHS's strategy to transform our healthcare system to a system of health, the Quadruple AIM provides the guiding principles of improving the patient's experience of care while improving population health, soldier and family readiness and reducing per capita costs. To achieve these strategic goals the AMEDD is adopting the joint principles of an Accountable Care Organization (ACO).

b. One of the joint principles of an ACO "is to provide accessible, effective, team-based integrated care...for the defined population it serves..." Furthermore, the AMEDD is seeking National Committee for Quality Assurance (NCQA) PCMH recognition for all primary care practices within the AMEDD. Recognizing the value of electronic communication between patients and providers, the NCQA established secure patient-provider messaging as one of the standard elements for PCMH recognition. A patient centered, team-based PCMH clinic working in a coordinated and collaborative fashion with other care delivery services such as sub-specialty care, allied health care and emergency services is essential to being an effective ACO. To realize the goals of the quadruple AIM, it is essential that secure communication modalities are established between and among the health care team and the patient, including all various care delivery elements of the ACO.

c. Both e-mail and the Army Medicine Secure Messaging Service (AMSMS) are methods of exchanging digital communication asynchronously. The asynchronous nature avoids the problems of frequent workflow interruptions and inefficiencies, and the opportunity to communicate more completely and efficiently for the patient and the healthcare team. Unlike e-mail, messages from AMSMS are always encrypted and cannot be intercepted since they do not traverse through intermediary servers. With user id/password authentication and audit trail, access is completely controlled and privacy is protected. As an alternative to the telephone and clinic visits, AMSMS can be used for patients and providers to communicate on a variety of topics such as diagnostic test results, prescription and referral renewals, monitoring and management of chronic disease, care reminders, administrative announcements and information, appointment requests, online patient education library and structured web visits.

d. The primary purpose of this OPORD is to provide the field with a standardized, repeatable AMSMS implementation and sustainment program for all Medical Treatment Facilities (MTF). This OPORD provides a common framework and methodology for the AMSMS.

(1) The AMSMS Guide, located on the AMSMS SharePoint Portal: https://mitc.amedd.army.mil/sites/CIO/Resources/ACSE/Pages/AMSMS_SecureMessaging.aspx, contains detailed guidance for all components of the AMSMS program.

OPORD 12-57 (Implementation of Army Medicine Secure Messaging Service (AMSMS)) – USAMEDCOM

(2) The AMSMS is a secure community cloud software as a service (SaaS) commercial off the shelf product currently powered by the vendor Relay Health. Relay Health (RH) uses the term “SuperUser” and the MEDCOM uses the term “Clinic Administrator” throughout this OPOD. The Clinic Administrator has similar privileges to that of the RH SuperUser, but with expanded privileges.

2. Mission. MEDCOM offers the AMSMS to all beneficiaries of the direct care system by the end of FY 2014.

3. Execution.

a. Commander’s Intent. To enable the delivery of patient-centered comprehensive care to our patients, AMSMS will be implemented in all MTFs throughout the Army Medical Department (AMEDD). End state is when AMSMS is offered to all beneficiaries who routinely receive care in the direct care system.

b. Concept of Operations. MEDCOM staff, RMCs and MTFs will address all required actions as explained in the AMSMS Guide document to ensure successful implementation and sustainment of AMSMS across the AMEDD in a three phased approach. The MEDCOM will deploy & implement licenses in a phased approach over the next three FYs.

(1) Phase I – Primary Care Implementation (Sep 2011 – Sep 2012). Deployment and implementation of 1,986 new licenses will be deployed to primary care providers at 47 sites across all five regions. Primary care, in this OPOD, is defined as any Primary Care Clinic (PCC) or Family Medicine Clinic (FMC) identified by MEPRS codes BHA, BHZ, BGA, or BGZ, Internal Medicine MEPRS code BAA or BAZ, and Pediatrics MEPRS code BDA or BDZ. Annex A contains the high level deployment schedule and individual sites for Phase I. See Annex A for high level schedule.

(2) Phase II – Completion of Primary Care and Initial Sub-Specialty Care. Deployment and implementation of licenses to remaining primary care providers, to include Soldier Centered Medical Home, Soldiers in training, and initial deployment to sub-specialty providers. Details to be identified in future FRAGO.

(3) Phase III – Completion of Sub-Specialty Care. Deployment and implementation of remaining licenses for sub-specialty providers. Details in future FRAGO.

c. Tasks to Subordinate Units.

(1) Army Medical Department Center and School. Within 90 days of this OPOD, the Dean will conduct a needs assessment to determine training gaps on AMSMS and develop an action plan to fulfill gaps.

OPORD 12-57 (Implementation of Army Medicine Secure Messaging Service (AMSMS)) – USAMEDCOM

(2) Regional Medical Commands.

(a) Within 30 days of this OPOrd, provide to the USAMITC AMSMS Project Manager (PM), Mr. Freddie Price, freddie.price@us.army.mil, a name of primary and alternate RMC POC responsible to coordinate with USAMITC PM, Vendor PM, G-6 staff (CMIO), and region's MTFs for planning, training, and implementation in support of deployment and sustainment of the AMSMS program. This includes on-site visits to subordinate MTFs to assist with workflows, training and deployment configuration per MEDCOM guidance. Submit names to the USAMITC AMSMS PM.

(b) Within 60 days of this OPOrd (and quarterly thereafter), be prepared to back brief MEDCOM CG on the status of AMSMS implementation and sustainment at each site (see coordinating instructions for topics and Annex B for detailed metrics).

(c) RMC POC's for the AMSMS will coordinate with USAMITC AMSMS PM, Mr. Freddie Price, freddie.price@us.army.mil, with RMC validated requests for additional licenses or reallocation of excess licenses.

(d) The RMC POC will issue and maintain accountability of the AMSMS demo accounts for access to the training system.

(e) Ensure Medical Treatment Facilities:

1. Appoint one MTF level AMSMS POC, who will be the liaison between the MTF users and the RMCs AMSMS POC, USAMITC AMSMS PM, the vendor PM, and G-6 staff (CMIO) for implementation, training, workflows and sustainment. MTF POC names will be maintained by AMSMS RMC POC.

2. Manage the AMSMS licenses for facility and coordinate with RMC AMSMS POC for additional MTF validated requirements that cannot be met by MTF license allocation (See AMSMS Guide for detailed guidance).

3. MTF level AMSMS POC will coordinate with RMC AMSMS POC to obtain demo accounts for access to the training system.

4. Prepare for initial vendor deployment using decision and task list in Annex C.

5. Establish the use of the AMSMS IAW the current version of the AMSMS Guide. Initial training at the time of deployment will occur by vendor.

6. Sustainment training will be executed by personnel with AMSMS Clinic Administrators level training using a train-the-trainer (TTT) strategy with support from the OTSG OCMIO Systems Training Support Division. Refer to training schedule posted on AMSMS SharePoint portal.

OPORD 12-57 (Implementation of Army Medicine Secure Messaging Service (AMSMS)) – USAMEDCOM

7. Identify one or more individuals to conduct clinic administrative functions in support of the practice/department. This includes functions and system privileges outlined in Annex D, Roles and Responsibilities.

8. Identify one or more individuals to conduct sustainment training of AMSMS to all new clinical and administrative staff that will use the application. Roles and responsibilities are identified in Annex D.

9. Ensure all AMSMS training conducted to staff is captured and entered into the Army Digital Training Management System (DTMS). The following course codes will be used in DTMS to document AMSMS Training:

a. MC - 00392 MC - Secure Messaging (SM) Clinic Administrator (Super User) Course - This course trains the SM Clinic Administrator functions for use of the AMSMS application. Personnel completing this course will have the required information to train other SM Clinic Administrators and the general user in the use of SM application. Training is not required by everyone, only those who will be required to use the application as the designated Clinic Administrator. Training is for military (officer and enlisted), civilians and contractors. Not required for volunteers. Training is one time only.

b. MC - 00393 MC - Secure Messaging General User Course - This course is designed to provide users with the general functionality of the SM application. Training is required by everyone required to use the application to communicate with patients. Those personnel who have attended the MC - 00392, Secure Messaging Clinic Administrator Course are not required to attend this course. Training is for military (officer and enlisted), civilians and contractors. Not required for volunteers. Training is one time only.

10. Each MTF will be allocated sufficient licenses for their primary and sub-specialty care needs based on phase of deployment as described in this OPOD. License allocation and movement of patients between providers will be managed at the MTF level. Detailed guidance for this process is provided in the AMSMS Guide. In the event a MTF has unused licenses or has need for additional licenses, they will coordinate through their RMC AMSMS POC.

(3) United States Army Medical Information Technology Center (USAMITC).

(a) Designate a full time Project Manager (PM) to AMSMS for deployment, implementation, and sustainment.

(b) Perform PM tasks identified in the most current USAMITC AMSMS Initial Requirements Document.

OPORD 12-57 (Implementation of Army Medicine Secure Messaging Service (AMSMS)) – USAMEDCOM

(c) Coordinate with vendor PM, G-6 (CMIO) staff, RMC and MTF AMSMS POCs to execute plans and programs required for pre-deployment, deployment, training, workflow and sustainment tasks. See Annex E for AMSMS Planning Meeting Checklist.

(d) The AMSMS PM will maintain accountability of licenses by MTF for the AMEDD and work with RMC POC's for any license re-allocation or requests for additional funding of licenses.

(e) The AMSMS PM will maintain accountability of the AMSMS demo accounts for access to the training system, which will be distributed to the RMC AMSMS POCs.

(f) Collect, monitor and record System Change Requests (SCRs) and Lessons Learned from MTFs and RMCs.

(g) Provide Tier One Help Desk support for End User Devices (EUD), network, and Uniform Resource Locator (URL) access to the vendor SaaS site.

(h) Within 30 days of this OPORD, develop a schedule that includes AMSMS workflow workshop and initial vendor training for all phases of implementation; coordination with G-6 staff is required.

d. Tasks to OneStaff.

(1) G-3/5/7 (Operations).

(a) Within 90 days of this OPORD, develop a deployment and sustainment strategy to support the unique operational requirements of the Soldier Centered Medical Home and sub-specialty care; coordination with USAMITC AMSMS PM, G-3/5/7 (Healthcare Delivery) and G-6 staff, and FORSCOM Surgeon office is required.

(b) Within 30 days of OPORD, provide POC information (name, office, phone, e-mail) to USAMITC AMSMS PM, Mr Freddie Price, freddie.price@us.army.mil, for initial coordination between FORSCOM Surgeon and AMSMS PM and G-6 staff. Assist with the drafting of implementation guidelines, workflows, training and sustainment for FORSCOM units.

(2) G-3/5/7 (Healthcare Delivery).

(a) Within 30 days of this OPORD, identify and appoint a Program Manager for the AMSMS program; coordination with G-6 is required. Minimum Roles and Responsibilities are in Annex D.

OPORD 12-57 (Implementation of Army Medicine Secure Messaging Service (AMSMS)) – USAMEDCOM

(b) Within 60 days of this order, develop policies for the use of AMSMS within military medicine. Policies will address, but not be limited to, clinical documentation, workload accountability, Patient Privacy, HIPAA, and legal issues. Coordination with assigned AMSMS Program Manager, TMA, and G-6 staff is required.

(c) Assist PA&E and AMSMS Program Manager to develop, validate, track and display on CMS, additional metrics, as needed, as system matures.

(d) Within 30 days of this OPORD, assist G-8 with the development of a process for monitoring appropriate AMSMS billing code utilization, and provide education and training on appropriate coding to the coders.

(e) Within 90 days of this OPORD, ICW USAMITC AMSMS PM, G-3/5/7 (Operations) and G-6 staff, and FORSCOM Surgeon office, assist with the development of a deployment and sustainment strategy to support the unique operational requirements of the Soldier Centered Medical Home and sub-specialty care.

(f) Within 90 days of this OPORD, assist DCOMM with the development of an Army Medicine outreach & marketing plan to inform and educate Army Medicine personnel on the implementation of AMSMS.

(g) Within 90 days of this OPORD, assist DCOMM to develop a marketing strategy to inform and educate our beneficiaries about AMSMS and how it can improve patient engagement through improved access to care, communication with care team, provider continuity, and overall experience of care.

(h) Assist DSI to ensure documentation of AMSMS initiative and appropriate measures are on the Tier 1 BSC.

(i) Within 60 days of this OPORD, assist PA&E with the development of a plan to assess the AMSMS's impact on patient satisfaction, staff satisfaction and the shift in volume of care delivery from face to face to virtual methods.

(3) Assistant Chief of Staff, Program Analysis and Evaluation (PA&E).

(a) Within 90 days of this OPORD, track and report compliance with MEDCOM AMSMS measures (see Annex B), and display on Command Management System (CMS) for MTF and RMC Commander's to view.

(b) ICW G-3/5/7 (Healthcare Delivery) and AMSMS Program Manager, develop, validate, track and display on CMS, additional metrics, as needed, as system matures.

(c) Within 60 days of this OPORD, develop and validate the AMEDD business model for workload accountability of non-traditional and/or virtual AMSMS

OPORD 12-57 (Implementation of Army Medicine Secure Messaging Service (AMSMS)) – USAMEDCOM

patient encounters; coordination with G-8, AMPO, AMSMS Program Manager and Chief Nurse Executive is required.

(d) Within 60 days of this OPORD, with assistance from G-3/5/7 (Healthcare Delivery), develop a plan to assess the AMSMS's impact on patient satisfaction and the shift in volume of care delivery from face to face to virtual methods.

(e) Within 30 days of this OPORD, with assistance from G-3/5/7 (Healthcare Delivery), provide education and training on appropriate coding to the coders.

(f) Assist DSI to ensure documentation of AMSMS initiative and appropriate measures are on the Tier 1 BSC.

(4) G-8.

(a) Oversee the AMSMS budget/funding ICW CIO RM staff, USAMITC PM, TMA Information Management Office and G-3/5/7 (Healthcare Delivery), to ensure current and future validated AMSMS requirements are appropriately funded.

(b) Within 60 days of this OPORD, assist PA&E with the development, validation and tracking of compliance with MEDCOM AMSMS measures.

(c) Within 60 days of this OPORD, assist PA&E in the development and validation of the AMSMS business model for workload accountability of non-traditional and/or virtual AMSMS patient encounters.

(d) Within 30 days of this OPORD, assist PA&E to develop process for monitoring appropriate AMSMS billing code utilization, and provide education and training on appropriate coding to the coders.

(e) Assist DSI to ensure documentation of AMSMS initiative and appropriate measures are on the Tier 1 BSC.

(5) G-6.

(a) Within 30 days of this OPORD, assist G-3/5/7 (Healthcare Delivery) with the identification of a Program Manager for the AMSMS program.

(b) Ensure MEDCOM MTFs and clinics are provided with sufficient infrastructure and equipment to support the AMSMS.

(c) Establish plans and policies, consistent with the approved MEDCOM technical architecture, to provide and support the recommended technology at all levels (e.g. MEDCOM, USAMITC, RMC, and MTF) for the AMSMS, including technical support, hardware, software, and wireless capabilities.

OPORD 12-57 (Implementation of Army Medicine Secure Messaging Service (AMSMS)) – USAMEDCOM

(d) Develop and maintain the AMSMS SharePoint Portal.

(e) Within 30 days of this OPORD, establish a sustainment training strategy for use of the AMSMS. The strategic training plan will be deployed through a train-the-trainer approach utilizing certified trainers to train identified AMSMS Clinic Administrators. MTF sustainment trainers will be trained by certified MEDCOM CMIO travel trainers.

(f) Within 60 days of this OPORD, assist PA&E to develop, validate and track compliance with MEDCOM AMSMS measures.

(g) Within 30 days of this OPORD, assist USAMITC AMSMS PM with the development of a schedule that includes AMSMS workflow workshop and initial vendor training for all phases of implementation.

(h) Within 90 days of this OPORD, assist G-3/5/7 (Operations) with the development of a deployment and sustainment strategy to support the unique operational requirements of the Soldier Centered Medical Home and sub-specialty care.

(i) Within 90 days of this OPORD, develop an external, outward facing portal which includes AMSMS information for beneficiaries. Coordination with DCOMM for content is required.

(j) Within 30 days of this OPORD, ensure system data provided by vendor is forwarded to PA&E on a monthly basis for developing, tracking, reporting and displaying metrics; actual POC to be determined.

(k) Assist DSI to ensure documentation of AMSMS initiative and appropriate measures are on the Tier 1 BSC.

(6) Director of Communications (DCOMM).

(a) Within 90 days of this OPORD, develop an Army Medicine outreach & marketing plan to inform and educate Army Medicine personnel on the implementation of AMSMS. Coordination with G-3/5/7 (Healthcare Delivery) is required.

(b) Within 90 days of this OPORD, develop a marketing strategy to inform and educate our beneficiaries about AMSMS and how it can improve patient engagement through improved access to care, communication with care team, provider continuity, and overall experience of care. Coordination with G-3/5/7 (Healthcare Delivery) is required.

OPORD 12-57 (Implementation of Army Medicine Secure Messaging Service (AMSMS)) – USAMEDCOM

(c) Within 90 days of this OPOrd, assist G-6 staff to develop AMSMS content on the external, outward facing portal which includes AMSMS information for beneficiaries.

(7) Director, Strategy and Innovation (DSI).

(a) Ensure documentation of AMSMS initiative and appropriate measures are on the Tier 1 BSC. Coordination with G-8, PA&E, and G-6 is required.

(b) Track and present key AMSMS balanced scorecard principles, objectives and measures status to MEDCOM and Army leadership IAW prescribed schedule and format.

e. Tasks to Action Officer. Provide weekly situation report (SITREP) of OPOrd execution status to OPS21 at eoc.opns@amedd.army.mil NLT 1200Q every Wednesday until mission is complete.

f. Coordinating Instructions.

(1) For detailed guidance pertaining to patient enrollment, workflow configuration, administrative functionality, license management, message documentation and coding, etc., refer to the AMSMS Guide posted on the AMSMS SharePoint Portal. https://mitc.amedd.army.mil/sites/CIO/Resources/ACSE/Pages/AMSMS_SecureMessaging.aspx

(2) Effective immediately upon AMSMS implementation at a MTF/clinic, the requirement to obtain the patient's authorization for electronic correspondence IAW MEDCOM Supplement 1 to AR 40-66 is no longer required. This waiver is granted solely for the use of the AMSMS. All other forms of unsecure patient/provider e-mail communication that are not within the approved AMSMS must be accomplished following the supplement guidance.

(a) AMSMS users are authorized to message with minors (for detailed guidance see AMSMS Guide).

(b) AMSMS users are authorized to message with adults who surrogate for other adults (for detailed guidance see AMSMS Guide).

(3) Practices using the AMSMS are authorized to accept patients into a messaging relationship with their assigned provider using face-to-face authentication. Details are provided in AMSMS guide.

(4) For workload capture guidance, refer to AMSMS Guide.

(5) RMCs will back brief MEDCOM CG on the status of AMSMS implementation and sustainment at each MTF using the following talking points.

OPORD 12-57 (Implementation of Army Medicine Secure Messaging Service (AMSMS)) – USAMEDCOM

(a) Implementation timeline, including any barriers to meeting the implementation objectives.

(b) Status of meeting NCQA standard; provides electronic communications between patients/families and clinicians via secure e-mail (AMSMS) or patient portal.

(c) Compliance with the AMSMS measures (see Annex B for specifics on measures):

1. Patients invited to join AMSMS
2. AMSMS acceptance rate
3. Responses overdue to patients

(6) The POC at the MTF level will be the liaison between the MTF users and RMC AMSMS POC, the USMITC AMSMS Project Manager, and G-6 (CMIO) staff for implementation, training, workflows and sustainment. Where applicable, the RMC POC will fulfill the liaison tasks with AMSMS PM and MEDCOM CMIO staff.

(7) The RMC POCs will coordinate with USAMITC PM, Mr. Freddie Price, (210) 808-2855, freddie.price@us.army.mil, for funding required in support of site-visits for deployment of AMSMS.

(8) Acknowledge receipt of this message electronically to OPSCENTER 21 at eoc.opns@amedd.army.mil or telephonically at (703) 681-8052 or DSN 761-8052.

4. Sustainment.

a. For issues related to the website performance, contact the vendor's 24 hour support line listed in the AMSMS Guide.

b. For issues related to Tier One Help Desk support, contact the USAMITC Enterprise Service Desk.

c. System Change Request (SCR). Individual sites will contact Mr Freddie Price, (210) 808-2855, freddie.price@us.army.mil with any SCR to request changes to the vendor's program functionality.

d. Lessons Learned. Request all sites identify their lessons learned from pre-deployment, training, deployment, workflows, and sustainment to the USAMITC PM, Mr Freddie Price, freddie.price@us.army.mil, until a MEDCOM central location has been identified.

OPORD 12-57 (Implementation of Army Medicine Secure Messaging Service (AMSMS)) – USAMEDCOM

e. The RMC POCs will coordinate with USAMITC PM, Mr. Freddie Price, (210) 808-2855, freddie.price@us.army.mil, for additional validated license requirements that cannot be met with the MTF or Region license allocation.

f. The AMSMS Sustainment Training Plan is located in Annex F.

5. Command and Signal.

a. Command. Normal command relationships remain in effect.

b. Signal. The point of contact for this OPORD is Dr. Terry Newton, Capability Manager, OTSG OCIO, at (706) 604-7788 or via e-mail at terry.j.newton@us.army.mil.

ACKNOWLEDGE: OTSG OPSCENTER 21 at eoc.opns@amedd.army.mil.

HOROHO
LTG

OFFICIAL:

//ORIGINAL SIGNED//
JOHN M. CHO
G-3/5/7

ANNEXES:

- A – AMSMS Phase I Deployment Schedule
- B – AMSMS Initial Metrics
- C – MTF Pre-Deployment Decisions/Tasks
- D – Roles and Responsibilities
- E – AMSMS Planning Meeting Checklist
- F – AMSMS Sustainment Training Plan
- G-Z – Not Used

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G-1/4/6

G-3/5/7

G-8

G-9

ACS, Planning, Analysis, and Evaluation

DIR, AMEDD Transformation

DIR, Executive Agencies

DIR, Reserve Affairs

DIR, Special Staff

DIR, Strategy and Innovation

DIR, Communication

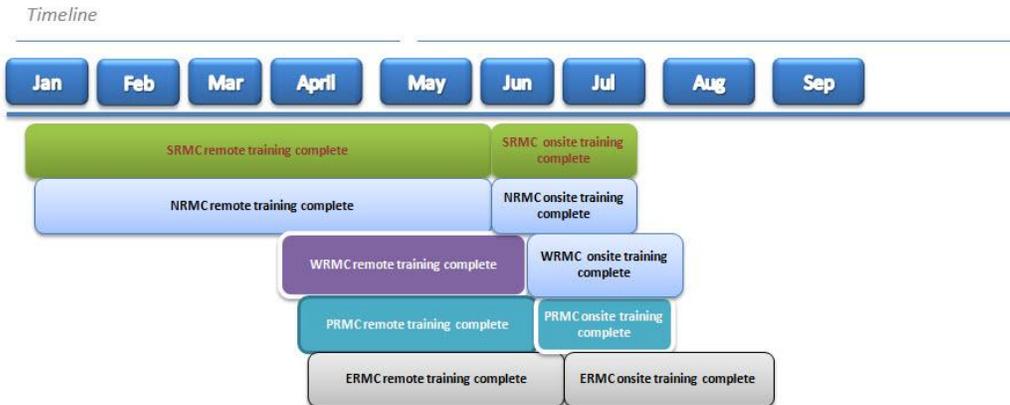
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TRICARE Management Activity, Office of the Chief Medical Officer

ANNEX A (AMSMS Phase I Deployment Schedule) TO OPERATION ORDER 12-57 (Implementation of Army Medicine Secure Messaging Service (AMSMS)) – USAMEDCOM

For detailed deployment schedule, refer to the Secure Messaging web portal: https://mitc.amedd.army.mil/sites/CIO/Resources/ACSE/Pages/AMSMS_SecureMessaging.aspx

Phase One Deployment – High Level



PROJECT PLAN SCHEDULE AS OF 22 June 12, for Phase I:

(NRM)	Start	Finish
Barquist AHC, Ft. Detrick, MD	6-Apr-12	24-May-12
Hope Hills CBMH(Bragg) Fayetteville, , NC	1-Apr-11	1-Apr-11
Dunham AHC, Carlisle Barracks, PA	19-Apr-12	7-Jun-12
Guthrie AHC, Ft Drum, NY *	11-May-12	12-Jul-12
Ireland ACH, Ft Knox, KY ****	10-May-12	19-Jul-12
Keller, AHC, West Point, NY	15-May-12	10-Jul-12
Kenner AHC, Ft. Lee, VA	17-Apr-12	14-Jun-12
Kimbrough ACC, Ft. Meade, MD	13-Apr-12	22-May-12
Kirk AHC, APG, MD	19-Apr-12	27-Jun-12
McDonald AHC, Ft. Eustis, VA	19-Apr-12	13-Jun-12
Rader AHC, Ft. Myer, VA	17-Feb-12	22-Mar-12
Womack AMC, Ft. Bragg, NC ***	1-May-12	22-Jun-12
(WRMC/PRMC)		
Bassett ACH, Ft. Wainwright, AK	17-May-12	11-Jul-12
Seoul, Korea (Allgood & Yongsan)	22-Jun-12	27-Jul-12
Camp Zama, Japan	18-Jun-12	18-Jun-12
Kapolei (Shafter)CBMH , Honolulu, HI	18-Jan-12	20-Mar-12
Olympia CBMH, Ft. Lewis, WA	10-Jan-12	30-Mar-12
Ozark-CBMH, ST Robert, MO	23-Jan-12	7-Sep-12
Puyallop CBMH, Puyallop (Ft. Lewis), WA	27-Feb-12	30-Mar-12

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ANNEX A (AMSMS Phase I Deployment Schedule) TO OPERATION ORDER 12-57
(Implementation of Army Medicine Secure Messaging Service (AMSMS)) –
USAMEDCOM

Evans ACH, Ft. Carson, CO		7-May-12	13-Jul-12
GLW ACH, Ft. Leonard Wood , MO		3-Aug-12	7-Sep-12
Madigan AMC, Ft. Lewis, WA		20-Dec-11	29-Mar-12
Schofield Barracks HC, Honolulu, HI		26-Jun-12	23-Mar-12
Tripler AMC, (Ft. Schaffer) Honolulu, HI		10-Jan-12	23-Mar-12
Weed ACH, Ft. Irwin		7-Jun-12	2-Aug-12
(SRMC)			
Blanchfield ACH, Ft. Campbell , KY **		27-Mar-12	12-Apr-12
Brooke AMC, Ft. Sam Houston, TX		26-Jun-12	20-Jul-12
Columbia-CBMH (Ft. Jackson) Columbia, SC		6-Jun-12	21-Jun-12
Copperas Cove CBMH, (Ft. Hood) Copperas Cove, TX		30-Nov-11	7-Mar-12
Frontier CBMH, (Ft. Sill) Lawton, OK		18-Nov-11	24-Feb-12
Harker Heights CBMH, (Ft. Hood) Harker Heights, TX		14-Dec-11	6-Mar-12
Killeen Med Home CBMH, (Ft. Hood) Killeen, TX		6-Apr-12	8-Mar-12
Richmond Hill CBMH, (Ft. Stewart) Hinesville, GA		13-Jan-12	24-Feb-12
Schertz CBMH, (Ft. Sam Houston) Schertz, TX		16-Dec-11	1-May-12
Darnall ACH, Ft. Hood, TX		3-Apr-12	20-Aug-12
Eisenhower AMC, Ft. Gordon, GA		4-Jun-12	11-Jan-12
Lyster AHC, Ft. Rucker, AL		13-Mar-12	28-Mar-12
Martin ACH, Ft. Benning, GA		29-Mar-12	17-Feb-12
Moncrief ACH, Ft. Jackson , SC		6-Jun-12	21-Jun-12
Reynolds ACH, Ft. Sill, OK		7-Jun-12	29-Jun-12
Winn ACH, Ft. Stewart, GA		23-Mar-12	27-Apr-12
(ERMC)			
Bavaria MEDDAC, Vilseck GE		29-Jun-12	24-Aug-12
Stuttgart GE *****		7-Jul-12	17-Aug-12
Landstuhl RMC, Germany		2-Mar-12	15-Jun-12
* Includes Conner Troop Medical Clinic (Ft. Drum, NY)			
** Includes Byrd Health Clinic (Ft. Campbell, KY).			
*** Include Fayetteville Medical Home Clinic (Ft. Bragg, NC).			
**** Includes Medical Readiness (Ft. Knox, KY).			
***** Stuttgart replaces Heidelberg, which is closing.			

ANNEX B (AMSMS Initial Metrics) TO OPERATION ORDER 12-57 (Implementation of Army Medicine Secure Messaging Service (AMSMS)) – USAMEDCOM

The metrics for Phase I are identified below and for more detail are on the AMSMS SharePoint portal. Metric adjustment(s) may occur in future FRAGOs for Phases II and III.

STRATEGIC THEME	METRIC FOCUS AREA	METRIC	METRIC FORMULA	GREEN	AMBER	RED	TARGET	DATA SOURCE	Army Medicine / IM/IT BSC Alignment
CUSTOMER FOCUS	Access	Patients Invited to join Army Medicine Secure Messaging Services (AMSMS)	% of empaneled Patients invited to join AMSMS. Formula: # of empaneled patients invited to join the AMSMS Program / Total # of empaneled patients	<1% below target	1-2% below target	>2% below target	10% by 1 Aug 12 20% by 1 Sep 12 30 % by 1 Oct 12	AMSMS Service Provider/ MEDCOM	Improve Access to Care
CUSTOMER FOCUS	Access	AMSMS Acceptance Rate	% of empaneled patients accepting invitation to join AMSMS. Formula: # of empaneled patients accepting AMSMS program invites / total # of empaneled patients invited to join AMSMS	<1% below target	1-2% below target	>2% below target	10% by 1 Aug 12 20% by 1 Sep 12 30 % by 1 Oct 12	AMSMS Service Provider/ MEDCOM	Improve Access to Care
CUSTOMER FOCUS	ACCESS (Patient Initiated Messages)	Responses Overdue to Patients	% of Messages responded to within 24 hours. Formula: Total # of responses to incoming root messages from patients within 24 Hours/total incoming message volume	<1% below target	1-2% below target	>2% below target	60% by 1 Aug 12 70% by 1 Sep 12 80 % by 1 Oct 12	AMSMS Service Provider	Improve Access to Care
Empaneled = Patient assigned by name to a provider									
Invited = Patient sent an official invitation via AMSMS to establish a messaging relationship with their assigned provider (detailed instructions in AMSMS Guide)									
Accepted = Patient has opted in to AMSMS and has accepted the messaging relationship with their assigned provider									

ANNEX C (AMSMS Pre-Deployment MTF Decisions/Tasks) TO OPERATION ORDER 12-57 (Implementation of Army Medicine Secure Messaging Service (AMSMS)) – USAMEDCOM

Pre-Deployment MTF Decisions/Tasks

Each MTF will ensure the following are completed prior to deployment of AMSMS and provide lists by secure methods to the USAMITC AMSMS PM.

- Each MTF clinic will need to provide a list of users in a spreadsheet classified as either providers (Physicians, resident physicians, fellows, nurse practitioners, physician assistants) or clinical support staff (nurses, office managers, schedulers, and medical assistants or other allied health personnel if they directly support the provider (pharmacy, case manager, integrated behavioral health, etc)).
 - Each MTF clinic will identify a minimum of one or more AMSMS Clinic Administrator(s).
 - Each MTF clinic will assign categories of rights/permission for each user. For example with AMSMS Clinic Administrator rights, the user can change message routing, approve new practice members, establish teams, and set access levels for other practice members.
 - The types of messages that are available with AMSMS are configurable. Instead of asking each site to select the type of messages to offer the beneficiaries, the MEDCOM will standardize the offering. Final decision will be dependent on the vendor selected.
 - The AMEDD standard response time is 24 hours (refer to AMSMS Guide).
 - Each MTF clinic will determine the configuration setting for new message notification such as delivery of an email notification as soon as an AMSMS message is available in the inbox or batch notifications at certain times of the day.
 - The preferred AMSMS workflow (see AMSMS Guide) 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 in a PCMH clinic setting. This is the preferred AMSMS workflow because it ensures the messages are reviewed by appropriate team members and resolved at the appropriate skill level in the practice. It also assures a common expectation and consistent delivery of AMSMS from patient perspective across the AMEDD. Common mailboxes that are constantly monitored are a more efficient process than each message type going to a separate inbox. Secondary Inbox's can be used to help filter similar messages to areas for specificity. The difference between these inboxes and the "team" ones is that messages are automatically routed to the "team inboxes" based on the patient messaging their provider. The secondary boxes can only receive a forwarded message internally. If a

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ANNEX C (AMSMS Pre-Deployment MTF Decisions/Tasks) TO OPERATION ORDER
12-57 (Implementation of Army Medicine Secure Messaging Service (AMSMS)) –
USAMEDCOM

practice sets up secondary workflow then those messages must be closely monitored to assure they meet or exceed the standard response time.

ANNEX D (Roles and Responsibilities) TO OPERATION ORDER 12-57
(Implementation of Army Medicine Secure Messaging Service (AMSMS)) –
USAMEDCOM

The following Roles and Responsibilities are identified to assist with the clarification of the skill set required to implement and maintain the AMSMS.

AMSMS Program Management: The responsibility and authority to provide leadership and management of the AMSMS program. Their responsibilities will include at a minimum: ICW appropriate G-staff, prepare and distribute AMSMS policy, such as: addressing legal concerns, synchronize policy and doctrinal issues which conflict with the vision/mission, and engage MCSC/TRICARE in collaboration discussions; provide management oversight to AMSMS training, workflow development and integration with SCMH; coordinate with Tri-Service working groups for AMSMS validated requirements and inclusion with PCMH IM/IT initiatives; plan and develop future phases of deployment of AMSMS; monitor cost, schedule & performance of AMSMS program; and brief Chief of Staff and G-3/5/7 (Healthcare Delivery) on metrics. This list is not meant to be exhaustive and can be developed in to Position Description for AMSMS Program Manager.

AMSMS Clinic Administrator Roles and Responsibilities: Any AMSMS Clinic Administrator must have received Clinic Administrator training and have the Clinic Administrator privileges. They have the responsibility to administratively manage the practices AMSMS. Their responsibilities include at a minimum: (LIST)

- Grant role-based privileges (control/restrict user access)
 - Register Staff Members
 - Associate registered staff member with practice
 - Establish proxy rights
 - Configure Inbox Access
 - Configure Message Notifications
 - Configure Practice/Provider Default Message Settings
 - Create Teams
 - Create Custom Inboxes using Army standards
 - Invite staff/patients into the clinic/practice
 - Configure Individual Provider Message Settings
 - Enter/update Provider Office Hours
 - Remove staff from practice
- Monitoring timeliness
- Reviewing release notes
- Attending new release training events
- Educating the practice to the relevant changes
- Create Custom Templates
- Managing Patient Acceptance/Deactivation in AMSMS
- Managing Staff Registration and Establishing Rights

ANNEX D (Roles and Responsibilities) TO OPERATION ORDER 12-57
(Implementation of Army Medicine Secure Messaging Service (AMSMS)) –
USAMEDCOM

AMSMS Sustainment Trainer: Any AMSMS Sustainment trainer must have received Clinic Administrator training and have the Clinic Administrator privileges. They will have the additional responsibility to train General Users in the following functionality:

- Overview of Home Page and Navigation Features
- How to enroll a Patient
- Patient Approval/Acceptance
- Messaging
- Broadcast Messaging (MTF)
- Clinical Messaging
- Review Settings Tab

ANNEX E (AMSMS Planning Meeting Checklist) TO OPERATION ORDER 12-57
 (Implementation of Army Medicine Secure Messaging Service (AMSMS)) –
 USAMEDCOM

Army Medical Secure Messaging Service Planning Meeting Checklist							
MTF:							
Primary Army POCs			30-Tdate	WIM	WIM	Est. Date To Complete	Overall Remote and Onsite Training Status:
Name:							
Name:							
#	Line Items	POC	30-Tdate	WIM	WIM	Est. Date To Complete	Comments/Notes
1	Has the MTF Point of Contact (POC) been identified? (Acts as liaison between MTF, Region, USAMITC PM, and Vendor PM) Region POC	MTF	Y/N	Y/N	Y/N		
2	Have the Vendor Trainer Lead been identified? RH PM	RelayHealth	Y/N	Y/N	Y/N		Primary:
Administrative							
3	Are there any special base access/vehicle requirements? Region POC	MTF POC	Y/N	Y/N	Y/N		(Other than the standard Drivers license, CAC card, rental agreement and proof of insurance)
4	Has the Clinical POC Orientation been scheduled? Region POC (applies to SRMC)	MTF POC Army PM RelayHealth	Y	Y	Y		
5	Has the Remote Training Date been provided to MTF? Region POC	MTF POC Army PM RelayHealth	Y	Y	Y		
6	Has the Remote Training Date been confirmed by MTF? Region POC	MTF POC Army PM	Y	Y	Y		
7	Has the on-site training date been provided to MTF? Region POC	MTF POC Army PM RelayHealth	Y	Y	Y		

ANNEX E (AMSMS Planning Meeting Checklist) TO OPERATION ORDER 12-57
 (Implementation of Army Medicine Secure Messaging Service (AMSMS)) –
 USAMEDCOM

8	Has the on-site training date been confirmed by MTF? Region POC	MTF POC Army PM	Y/N	Y/N	Y/N		
9	Are there any CAC and/or special network clearance requirements for contractors requiring access to the network? Region POC	MTF POC	N	N	N		
10	Has MTF received Marketing Materials? Region POC	MTF POC Army PM	Y	Y	Y		
11	Has MTF developed a plan to distribute Marketing Materials? Region POC	MTF POC	Y	Y	Y		Each Staff Member has a role in Marketing strategy: Front Desk Staff-when arriving at clinic Support Staff-during vitals Providers-while in exam room
12	Has MTF Marketing Plan been initiated? Region POC	MTF POC	Y	Y	Y		
Clinical Preparations							
13	Has the MTF identified their End Users? Region POC	MTF POC	Y	Y	Y		
14	Has the MTF identified their Clinic Administrators? Region POC	MTF POC	Y	Y	Y		
15	Has the MTF received the Data Worksheet? Region POC	RelayHealth MTF POC	Y	Y	Y		
16	Has the MTF populated the Data Worksheet? Region POC	MTF POC	Y	Y	Y		
17	Has the MTF provided the populated Data Worksheet to RH? Region POC	MTF POC	Y	Y	Y		

ANNEX E (AMSMS Planning Meeting Checklist) TO OPERATION ORDER 12-57
 (Implementation of Army Medicine Secure Messaging Service (AMSMS)) –
 USAMEDCOM

18	Has the MTF considered how they can incorporate AMSMS in their clinical workflow? Region POC	MTF POC Army PM	Y/N	Y/N	Y/N		
19	Have the updates to the clinical workflow been documented and shared with staff? Region POC	MTF POC	Y/N	Y/N	Y/N		
20	Has Relay Health sent the User ID's/passwords to MTF? RH PM	RelayHealth	Y/N	Y/N	Y/N		
21	Has MTF received their User ID's/passwords? Region POC	MTF POC	Y/N	Y/N	Y/N		
22	Has MTF established a plan for Patient Registration for AMSMS? Region POC	MTF POC	Y/N	Y/N	Y/N		
Technical Preparations							
23	Has the AMSMS URL been provided to the MTF? RH POC https://app.relayhealth.com/	Army PM RelayHealth	Y/N	Y/N	Y/N		
24	Has the MTF tested their connection to the AMSMS via URL? Region POC	MTF POC	Y/N	Y/N	Y/N		
Training Preparations							
25	Has an End User Training Agenda been developed? Region POC	MTF Training Coordinator (TC)	Y/N	Y/N	Y/N		
26	Have End Users' been informed when they are training? Region POC	MTF TC	Y/N	Y/N	Y/N		
27	Have the End Users' schedule been blocked for their training? Region POC	MTF TC	Y/N	Y/N	Y/N		
28	Has the populated training schedule been provided to the PM and RH? Region POC	MTF TC	Y/N	Y/N	Y/N		

ANNEX E (AMSMS Planning Meeting Checklist) TO OPERATION ORDER 12-57
 (Implementation of Army Medicine Secure Messaging Service (AMSMS)) –
 USAMEDCOM

29	Have the training room requirements been reviewed with the MTF? Region POC	Army PM RelayHealth	Y/N	Y/N	Y/N	Seating for 10-40 users 1 PC = Per 3 User with Internet connection 1 Instructor PC with Internet Connection 1 Projector
30	Has the training room(s) been identified & reserved for End User Training? Region POC	MTF TC	Y/N	Y/N	Y/N	
Operation & Support Region POC						
31	Has the MTF coordinated with staff to ensure all of the AMSMS issues and problems have been identified to the RelayHealth Customer Support? at <u>1-866-735-2963 ext. 1; 365/24/7</u>	MTF POC	Y/N	Y/N	Y/N	
32	Has the MTF leadership inbrief/outbrief for onsite visit been scheduled with the MTF? Region POC	MTF POC	Y/N	Y/N	Y/N	

ANNEX F (AMSMS Sustainment Training Plan) TO OPERATION ORDER 12-57
(Implementation of Army Medicine Secure Messaging Service (AMSMS)) –
USAMEDCOM

1. The Army Medicine Secure Messaging Service (AMSMS) Sustainment Training will follow the original deployment of the initial implementation training provided by the AMSMS service provider and based on license distribution across MEDCOM.
2. The sustainment training will be supported through a train-the-trainer (TTT) strategy with OTSG/CMIO and Regional assets who have been trained and certified by the AMSMS service provider. These trainers will then provide training to RMC/MTF/Clinic designated sustainment training personnel, utilizing the AMSMS OTSG CMIO approved curriculum. Coordination of this training is scheduled by the AMSMS OTSG CMIO with the regions.
3. Once these designated AMSMS Regional/MTF/Clinic Sustainment Trainers have been trained, they will train/sustain training for the Clinic Administrators and General Users of the AMSMS utilizing the OTSG CMIO AMSMS approved curriculum