



Email Guidelines for the Prudent Provider

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- About Health Services Advisory Group, Inc. (HSAG)
- The Quality Improvement Organization (QIO) Program
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- Quality Improvement through Quality Reporting Programs and Support of Clinicians in the Quality Payment Program
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About HSAG

- Committed to improving quality of healthcare for more than 35 years
- Provides quality expertise to those who deliver care and those who receive care
- Engages healthcare providers, stakeholders, Medicare patients, families, and caregivers
- Provides technical assistance, convenes learning and action networks, and analyzes data for improvement

QIO Program

- Funded by the Centers for Medicare & Medicaid Services (CMS)
 - Dedicated to improving health quality at the community level
 - Ensures people with Medicare get the care they deserve, and improves care for everyone

Important Roles

- Champion local-level, results-oriented change
- Facilitate learning and action networks (LANs)
- Teach and advise as technical experts
- Communicate effectively

QIO Program Initiative: Quality Payment Program

- Quality Improvement through Quality Reporting Programs and Support of Clinicians in the Quality Payment Program
 - Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
 - Replaces the sustainable growth rate with Merit-Based Incentive Payment System (MIPS) and the Alternative Payment Models (APMs)
 - MIPS combines Physician Quality Reporting System (PQRS), the Value Modifier (VM), and the Medicare Electronic Health Record Incentive programs

Performance Category: Advancing Care Information

CMS proposes six objectives and their measures that would require reporting for the base score:



Protect Patient Health Information
(yes required)



Electronic Prescribing
(numerator/denominator)



Patient Electronic Access
(numerator/denominator)



Coordination of Care Through Patient Engagement
(numerator/denominator)



Health Information Exchange
(numerator/denominator)



Public Health and Clinical Data Registry Reporting
(yes required)

Email Guideline Awareness: 2006 to 2015

- 4,203 Florida-based physicians completed 2006 survey
 - 689 (16.6 percent) used email to communicate with patients
 - 120 (2.9 percent) used email frequently with patients
 - 46 adhered to at least half of the 13 recommended guidelines for email communication
- 2015 Nielson survey of U.S. physicians
 - Majority of doctors do not use email/text to communicate with patients
 - Value-based payment models—in which doctors are paid for the quality of their services—will change the current incentive structure for medical providers to use email

Source: Brooks RG, Menachemi N, Physicians' Use of Email With Patients: Factors Influencing Electronic Communication and Adherence to Best Practices, J Med Internet Res 2006;8(1):e2; DOI: [10.2196/jmir.8.1.e2](https://doi.org/10.2196/jmir.8.1.e2); Accessed on 7/18/16. Available at <http://www.jmir.org/2006/1/e2/>

Yaraghi N., The Doctor Won't Text You Now, U.S. News & World Report. November 5, 2015. Accessed on 7/18/16. Available at <http://www.usnews.com/opinion/blogs/policy-dose/2015/11/05/why-doctors-still-dont-use-text-or-email-with-patients>



Regulations and Email Guidelines

Authority to Use Email

- U.S. Department of Health and Human Services (HHS) clarified Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule 45 CFR § 164.522(b)
 - <http://www.hhs.gov/hipaa/for-professionals/faq/570/does-hipaa-permit-health-care-providers-to-use-email-to-discuss-health-issues-with-patients/index.html>
 - Must follow certain rules...

Secure, Limited Information

- Secure messaging = encryption and authentication;
 - Encryption: Password creation and use by patient is required
 - Authentication: Authenticating that the sender is correctly identified
 - Unencrypted is allowed if risks are discussed with the patient
- Limit the amount or type of information to minimum needed
- No name, medical number, or PHI in subject line
 - No Phone/fax #s, SS#s, account numbers, IP numbers, email addresses
- Double check that the email/phone is correct

Best Practices: Disclaimer Language

- Add a disclaimer to your messages
 - *The information contained in this message may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.*

Best Practices: AMA Guidelines

- Communication Guidelines from the American Medical Association 1998, 2000
- Chapter 2: Opinions on Consent, Communication & Decision Making (2.3.2 Email Communication)
 - <https://download.ama-assn.org/resources/doc/code-medical-ethics/code-2016-ch2.pdf>
 - Email cannot be used to establish a patient-physician relationship.
 - Physicians who communicate electronically with patients should:
 - Uphold professional standards of confidentiality and protection of privacy, security, and integrity of patient information

Best Practices: AMA Guidelines (cont.)

- Physicians who communicate electronically with patients should:
 - Notify the patient of the inherent limitations of electronic communication (breach, delays, etc.)
 - Patients must have opportunity to decline prior to transmission of privileged information
 - Advise the patient of the limitations of these channels when a patient initiates electronic communication
 - Obtain the patient's consent to continue electronic communication when a patient initiates electronic communication
 - Present medical information in a manner that meets professional standards. Diagnostic or therapeutic services must conform to accepted clinical standards.
 - Be aware of relevant laws that determine when a patient-physician relationship is established

Best Practices: Turnaround Time, Privacy, Message Type, and Subject Matter Sensitivity

- Establish a message turnaround time. Avoid using email for urgent matters
- Inform patients about privacy issues
 - Who besides the addressee processes the addressee's messages
 - During addressee's normal business hours
 - During addressee's vacation or illness
 - Indicate that all email becomes a part of the medical record
- Establish type of message and subject matter sensitivity permitted over email

Kane B, Sands DZ, Guidelines for the Use of Electronic Mail with Patients, J Am Med Inform Assoc. 1998 Jan-Feb; 51(1); 104-111. Accessed on 7/18/16. Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC61279/?tool=pubmed>

Best Practices: Subject Line Category, PHI in Body, Auto Reply, Patient Record, and Completion

- Encourage category labeling in subject line
 - Prescription, appointment, medical advice, billing question
- Request patients place name/patient identification number in the message body
- Configure automatic reply to confirm message receipt.
- Print all messages, with replies and confirmation of receipt into patient's medical paper chart
- Send a new message to inform patient of completion of request
- Request that patients use autoreply to acknowledge reading provider's message

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Best Practices: Privacy in Bulk Mailings, Business Appropriate Tone

- Maintain a mailing list of patients, but do not send group mailings where recipients are visible to each other. Use blind copy feature in email software
- Avoid anger, sarcasm, harsh criticism, and libelous references to third parties in messages

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Best Practices: Informed Consent

- **Medicolegal guidelines**
 - Consider obtaining informed consent for use of email.
Written forms should:
 - Itemize the AMA Communication Guidelines
 - Provide instructions for how and when to escalate to phone calls and office visits
 - Describe the security mechanisms you have in place.
 - Indemnify your healthcare institution for information loss due to technical failures
 - Waive the encryption requirement only at the patient's insistence, after discussing the risks

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Best Practices: Administrative Guidelines

- Use password-protected screensavers for desktop workstations in the office, hospital, and at home
- Never forward patient-identifiable information to a third party without the patient's express permission
- Never use patient's email in a marketing scheme
- Do not share professional email accounts with family members.
- Use encryption for all messages, unless specifically requested by the patient and only after discussing the risks of such use
- Do not use unencrypted wireless communications with patient-identifiable information
- Double-check all "To:" fields prior to sending messages
- Perform regularly scheduled backups into off-site long term storage.
- Commit policy decisions to writing and electronic form

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Thank you!

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