



Clinical Messaging

Secure electronic communication using
secure email and patient portals

presented by:

Debbie Bonnell

CHAN Systems Administrator/HIPAA Security Officer

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Who is the CHAN? (Community Health Access Network)

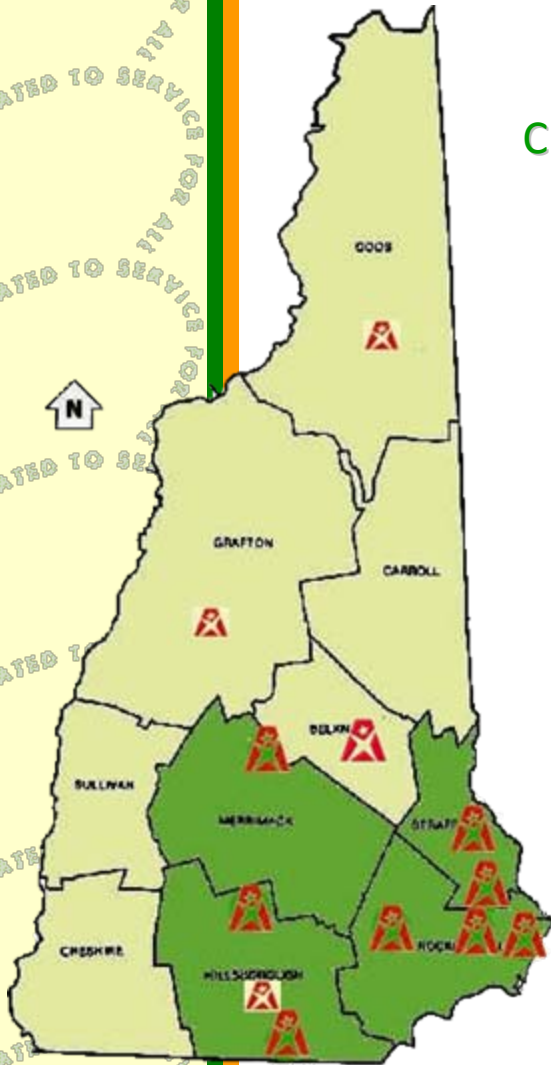
CHAN is a Health Center Controlled Network (HCCN)

5 Full FQHC members with 10 sites + 1
Healthcare for the Homeless van

4 Affiliate members; 2 FQHC's with 8 sites and
2 Healthcare for the Homeless Programs

Central server architecture

- IT staff managing approx 30 servers
- Help Desk
- Report Writing (i.e. UDS, HCFA, Dashboard Reports, Clinical Quality Indicators)
- GEF authoring
- Provider training, etc



2008 Davies Award Winner



How some CHAN Members are using Clinical Messaging and Patient Portal

Health First Family Care Center

- Secure Messaging for patient care coordination
- Remote access to Patient Record

Avis Goodwin Community Health Center

- Remote access to Patient Record
- Demographic Updates
- Secure Messaging for patient care coordination
- Patient Submitted Glucose Readings
- Prescription Refill Requests

Families First of the Greater Seacoast

- Remote access to Patient Record

Lamprey Health Care

- Secure Messaging for patient care coordination
- Remote access to Patient Record
- Prescription Refill Requests
- Consultant data sharing

Manchester Community Health Center

- Secure Messaging for patient care coordination





Secure Messaging

Referral

Desktop Chart Appts Reg Reports LinkLogic New View Print Internet Help

Summary Flags Documents File Attachments Messaging

Back Forward Stop Refresh

Referral Message Logged in dbonnell

Messages

- Send
- To Draft
- Attach
- Settings
- Close

New Message

- Standard
- Patient
- Referral

Inbox

Sent

Drafts

Deleted

User

Address Book

Manage Folders

Manage Briefcase

Settings

Log Out

Delegates

- Delegate Log In
- Manage Delegates

Admin

- Users
- Groups
- Domains
- Profiles
- Reports

To: Test (debbonnell@comcast.net)

Cc: [redacted]

Bcc: [redacted]

Subject: Secure Message from your Healthcare Provider

Note: subject text is not encrypted - do not include sensitive or private information.

Documents for Dora Test:

Chart Summary [view] Attach as text Attach as CCR

Hide EMR Attachments

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clinical Date	Type	Summary	Attache
<input type="checkbox"/>	<input type="checkbox"/>	7/31/2009 11:54 AM	Ofc Visit	Initial OB Visit	
<input type="checkbox"/>	<input type="checkbox"/>	7/31/2009 11:34 AM	Clin Updt	[No Summary]	
<input type="checkbox"/>	<input type="checkbox"/>	7/31/2009 10:17 AM	Ofc Visit	[No Summary]	
<input type="checkbox"/>	<input type="checkbox"/>	7/28/2009 3:05 PM	Ofc Visit	[No Summary]	
<input type="checkbox"/>	<input type="checkbox"/>	7/27/2009 1:10 PM	Rx Refill	ACCUPRIL 5 MG TAB	
<input type="checkbox"/>	<input type="checkbox"/>	7/27/2009 10:24 AM	Clin Updt	[No Summary]	
<input type="checkbox"/>	<input type="checkbox"/>	7/14/2009 9:09 AM	Ofc Visit	[No Summary]	

Selecting Referral or Patient will automatically use the patient whose chart is currently open. You can attach Chart Summary as text or CCR (Continuity of Care). You can also attach supporting documentation under "EMR Attachments".

Go Actions Options Help

Desktop Chart Appts Reg Reports New View Print Help EXIT

Summary Flags Documents File Attachments Messaging

Back Forward Stop Refresh

- Delegate Login
- Manage Delegates

<input type="checkbox"/>	3/4/2008 11:22 AM	Int Oth	[No Summary]
<input type="checkbox"/>	1/7/2008 12:50 PM	Letter	Chronic Pain Management Agreement
<input checked="" type="checkbox"/>	12/19/2007 2:34 PM	Ofc Visit	[No Summary]
<input type="checkbox"/>	12/19/2007 2:10 PM	Ofc Visit	htn
<input type="checkbox"/>	12/19/2007 2:07 PM	Rx Refill	LYRICA 100 MG CAPS
<input type="checkbox"/>	12/14/2007 11:30 AM	Ofc Visit	flu shot
<input type="checkbox"/>	11/26/2007 2:56 PM	Letter	Friend/Relative Support Statement
<input type="checkbox"/>	10/1/2007 3:31 PM	Rx Refill	ACCOLATE 20 MG TABS
<input type="checkbox"/>	9/19/2007 3:19 PM	Ofc Visit	Diabetes Routine F/U Visit

1 documents selected Documents 1-10 of 114 First | Prev | Next | Last

04/21/2008

Visiting Nurse Association of Franklin
75 Chestnut Street
Franklin, NH 03235

Dear Visiting Nurse:

I am writing in referral of Bob Testi, a 86 Year Old Male with whom I would appreciate your consultation to establish/confirm a diagnosis and/or treatment plan

Enter text by either typing, cutting and pasting from a preformatted letter or document in the EMR or use a 3rd party solution like Texter (lifehacker.com)

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Patient Care Coordination

Hi [REDACTED]

We have samples of insulin and I have a box of test strips that I can give you. Have you contacted the company Roche for the test strip program? Neighborhood Diabetes Shop has a new program that if you request this meter Keynote from WaveSense they have 50 test strips for \$25.00. If you are interested you can call them at 1-800-937-3028. They also have a pharmacy there too. They will mail you the supplies so you won't have to go to the pharmacy anymore.

Will you continue to come to us seeing that you moved to N. Hampton? WDH DM Services have been trying to set up an appointment with [REDACTED] for education. They have not been able to get in touch with her. Hope you are both well. It

Hello, [REDACTED]

I understand you want to communicate via E-mail which is totally "do-able." Lamprey now has this secure way of communicating with patients. The first time you reply, I believe you need to "register." Please do so and e-mail me how you want to proceed. I have attached some general education material which you may find useful. I can also provide you with healthy eating guidelines to help you (1) lose weight and (2) better manage your blood sugars.





Remote Access to Patient Records

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Health Access Network

Secure Messaging

← View Chart

Logged in mloomis

Patient: bob Test1

DOB: 1/23/1945 Sex: M Patient ID: 6880-0151001 Select Patient ▼

Chart Summary [\[view\]](#)

View chart summary	Summary
5/28/2008 10:06 AM Letter	Chronic Pain Management
5/5/2008 9:39 AM Rx Refill	PROTONIX 20 MG TBEC
5/2/2008 10:40 AM Ofc Visit	OB Routine
3/19/2008 2:47 PM Int Oth	Appointment Canceled
3/4/2008 11:22 AM Int Oth	[No Summary]
1/7/2008 12:50 PM Letter	Chronic Pain Management
12/19/2007 2:34 PM Ofc Visit	[No Summary]
12/19/2007 2:10 PM Ofc Visit	htn
12/19/2007 2:07 PM Rx Refill	LYRICA 100 MG CAPS
12/14/2007 11:30 AM Ofc Visit	flu shot

CHART SUMMARY generated on Wednesday, February 27, 2008 2:14 PM

***** PATIENT INFORMATION *****

Patient Name: betty test1

Address:
123 any st
FRANKLIN, NH 03235 USA

Home Phone: 6039341234
Work Phone: 603
Fax: 603
Email: dbonnell@lampreyhealth.org

Insurance: MT (25)

DOB: 10/04/1967
SSN: 000-00-0000
Sex: Female
Marital Status: Single
Race: I

Chart Status: Active
Sensitive Chart: No
Location of Care: Health First Family Care Center
Responsible Provider: Rick Silverberg, ACSW
Patient ID: 8432-0151001

***** PHARMACIES *****

Brook's Pharmacy
Concord, NH USA
Primary Phone: 223-6713

***** PROBLEMS *****

After clicking on [\[view\]](#) next to Chart Summary you will open a text file listing Demographics, Insurance, Pharmacies, Problems, Contacts, Medications, Allergies and Directives





In addition to the Chart Summary, the user can select existing chart documents and attachments. Accessing confidential documents is determined by user privileges in the EMR

View Chart Logged in as **abonnie**

Patient: Shania Test
DOB: 1/3/1950 Sex: F Patient ID: 48651-0058002 [Change Patient](#) ▼

Chart Summary [\[view\]](#)

 Clinical Date	Type	Summary	▼ Attachments
11/13/2008 12:00	AMLab Rpt	[No Summary]	[1]
11/13/2008 12:00	AMCons Rpt	twin	[1]
11/12/2008 12:00	AMImag Rpt	Imported By: Debbie Bonnell CHAN MIS 11/12/2008 17:11:42	[1]
11/11/2008 12:00	AMConsent	Imported By: Debbie Bonnell CHAN MIS 11/11/2008 09:38:40	[1]
4/15/2008 12:00 AM	Ext Oth	?Cellulitis	[1]
2/12/2008 12:00 AM	Ext Oth	Prenatal Cystic Fibrosis Screening///just testing category	[1]
11/10/2006 12:00	AMDiag Rpt	TEST	[1]
11/10/2006 12:00	AMLab Rpt	TEST	[1]
6/22/2006 12:00 AM	Lab Rpt	HIV Report	[1]
 10/18/2005 12:00	AMImag Rpt	gg	[1]

Documents 1-10 of 837 [First](#) | [Prev](#) | [Next](#) | [Last](#)





Patient Self-Management

The patient can enter and send their readings

Blood Glucose

Instructions
* Required fields

* Date:	<input type="text" value="6/10/2009"/>
Before Breakfast:	<input type="text" value="75"/>
After Breakfast:	<input type="text" value="90"/>
Before Lunch:	<input type="text" value="90"/>
After Lunch:	<input type="text" value="150"/>
Before Dinner:	<input type="text" value="100"/>
After Dinner:	<input type="text" value="165"/>
Bedtime:	<input type="text" value="175"/>
Dose/Comments:	Novolox Mi: 44 units b: 20 units a:

[Print](#) [Edit Answers](#) [Send and Exit](#)

[Send Results and Continue Entering](#)
[Review](#) [Send and Exit](#)

[Edit Answers](#) **Blood Glucose**

Date:	06/10/2009
Before Breakfast:	75
After Breakfast:	90
Before Lunch:	90
After Lunch:	150
Before Dinner:	100
After Dinner:	165
Bedtime:	175
Dose/Comments:	Novolox Mix 44 units before breakfast 20 units at bedtime

They also have the option of printing them for their records

[Print](#) [Edit Answers](#) [Send and Exit](#)

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Logician - Debbie Bonnell CHAN MIS @ Lamprey Health Care - Newmarket (LHCTCP) - 8/5/2009 7:50 AM - [Chart]

Go Actions Options Help

Desktop Chart Appts Reg Reports LinkLogic New View Print Internet Help EXIT

Barnie Test Alert: NIH, Transport, See Alerts ID: 625515
 13 Year Old Male (DOB: 12/21/1995) Ins: PCP: Monte Nikkel CNM LOC: WinterSt HOME:None WORK: None

Find Pt. Protocols Graph Handouts Update Phone Nt. Refills Organize

Summary Problems Medications Alerts Flowsheet Orders Documents

View <All> Set Attached View Use Date Range To

Latest	Most Recent				
AUSCUL LUNGS	no rales...				
BG AC BKFST	75				
BG AC DINNER	100				
BG AC LUNCH	90				
BG BEDTIME	175				
BG PC 2H DIN	165				
BG PC 2H LUN	150				
BILIRUBIN UR	negative				
BIRTH C METH	none				
BMI	20.80	●			
BREAST INSP	no asymm...				
BREAST PALP	no masse...				
BSA	0.53	●			
CAFFEINE USE	Discusse...				
CARECOORDHY	ENT spec...				
CARECOORDHXR	reviewed				

Date: 06/10/2009 12:00:00 AM Value: 75 mg/dL Tag: Comment:
 By: CareCatalyst Range: State: Final

For Help, press F1 LinkLogic: Jobs = 10; Errors = 0 NUM

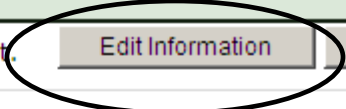
CHAN

Demographic Update

When a patient registers at the portal they have the opportunity to verify their demographic information. This information pulls from Centricity PM

Review Your Information

Please ensure that the following information is complete and correct.



[Edit Information](#) [Leave As Is](#)

Personal Information	
First name:	Barnie
Last name:	Test
Date of birth:	12/21/1995
Social security number: (Example: xxx-xx-xxxx)	
Gender:	Male
Marital status:	
Contact Information	
Address line 1:	PO Box 1111
Address line 2:	
City:	Dover
State: (Example: OR, CA, or NY)	NH
Zip code: (Example: 90210)	
Home phone: (Example: 503-234-5678)	
Work phone: (Example: 503-234-5678)	
Emergency Contact	
First Name:	
Last Name:	

They can change or update missing information



Personal Information

* First name:

* Last name:

* Date of birth:

* Social security number:
(Example: xxx-xx-xxxx)

* Gender:

* Marital status:
 Single
 Married
 Other



Contact Information

* Address line 1:

Address line 2:

* City:

* State:
(Example: OR, CA, or NY)

* Zip code:
(Example: 90210)

* Home phone:
(Example: 503-234-5678)

Work phone:

(Example: 503-234-5678)



Emergency Contact

First Name:

Last Name:

Phone:
(Example: 503-234-5678)



Changes come in as an email in Secure Messaging.
Staff can edit the answers and/or Accept the changes.

Messages 1-1 of 1 [First](#) | [Prev](#) | [Next](#) | [L](#)

[Edit Answers](#) | [Accept](#)

Personal Information	
First name:	Barnie
Last name:	Test
Date of birth:	12/21/1995
Social security number: (Example: xxx-xx-xxxx)	111-11-1111
<i>(Former value was blank)</i>	
Gender:	Male
Marital status:	Married
<i>(Former value was blank)</i>	
Contact Information	
Address line 1:	PO Box 1111
Address line 2:	Rubble Lane
<i>(Former value was blank)</i>	



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Medication Refill

Prescription Refill Request

* Required fields

* To the office of: **You must select your Provider. Click on the black arrow (v) to see list.**

<Choose a provider>

* Please select any medications that you would like to renew:

- RELAFEN 500 MG TAB
- REGLAN
- RELAFEN 500 MG TAB
- HYDROCHLOROTHIAZIDE 50 MG TABS
- Other Medication

* Please indicate preferred refill amount

- 30 Day Supply
- 90 Day Supply

Pharmacy to use for refill:

- WALGREENS - EXETER #03103*
48 PORTSMOUTH AVE
EXETER, NH 03833
- CVS - AMHERST ST
633 AMHERST ST
NASHUA, NH 03063
- Other Pharmacy

You must include the [Area Code](#) when entering the phone number.
OMIT THE LEADING ONE
(example: 800-555-5555)

Review

Submit





Consultant Data Sharing using the Secure Patient Portal

Baby Steps Program

Home > Baby Steps

Please select a patient using the search fields below:

Last Name	<input type="text"/>	First Name	<input type="text"/>
Date of Birth	<input type="text"/>	Social Security	<input type="text"/>

Baby Steps Assessment

* Required fields

* Patient Name

* Assessment Date:

* Assessment:

* Select your name from the list:



Documentation comes in as a signed Consult Report

Summary	Problems	Medications	Alerts	Flowsheet	Orders	Documents
Document View: All (since 08/10/2008)						
All		0	Date ▾	Summary		
			08/05/2009 9:25 AM	Cons Rpt: Baby Steps		

Doc ID: 244 Properties: **Consultation Report at LHC-N on 08/05/2009 9:25 AM by Randy Tallent MsEd**

Baby Steps

Patient Name:
Debbie Test

Assessment Date::
07/14/2009

Assessment::
Debbie is here today with her mother. Mother notes that Debbie has been awakening more through the night for the past few weeks. Mother reports that Debbie falls to sleep in the swing or by nursing. Although she is small, her growth is steady. Today tolerated handling by unfamiliar adult. Strategies to promote independent drowsy to sleep were suggested. Will follow as requested .



Family Therapy Program

Please select a patient using the search fields below:

Last Name	<input type="text" value="Test"/>	First Name	<input type="text" value="Debbie"/>
Date of Birth	<input type="text"/>	Social Security	<input type="text" value="- - -"/>
<input type="button" value="Search"/>			

Action	Name	DOB	Gender	Identifiers
Select	Debbie Test	4/25/2007 12:00:00 AM	F	SSN: 111-11-1111 PatientID: 235449 ExtID: MRN:

[Previous](#) [Next](#)

A Referral is made
and a signed consent
is kept on file in the
EMR

NFTP Status Report

* Required fields

* Did Client accept referral at Intake? Yes
 No

Appointment Date?

Client arrived for first appointment? Yes
 No

Who did client arrive with? Parent
 Guardian
 Friend
 Alone

Manner Receptive to Care Plan
 Cooperative
 Agitated
 Indifferent
 Withdrawn

Client agreed to continue with care plan? Yes
 No

Comments:



Document comes in as signed Consult Report

Logician - Debbie Bonnell CHAN MIS @ Lamprey Health Care - Newmarket (LHCTCP) - 8/5/2009 2:22 PM - [Chart]

Go Actions Options Help

Desktop Chart Appts Reg Reports LinkLogic New View Print Internet Help EXIT

Debbie Test Alert: BCCP ONLY, SAME DAY ID: 235449
2 Year Old Female (DOB: 04/25/2007) Ins: FPL 4 SE (72) PCP: Lisa Bujno ARNP LOC: LHC Test HOME: (603)659-2494 WORK: (603)659-2603

Find Pt. Protocols Graph Handouts Update Phone Nt. Refills Edit Sign Append Route Organize

Summary Problems Medications Alerts Flowsheet Orders Documents

Document View: All (since 08/10/2008) Group By Date

	Date	Summary	Provider
All	08/05/2009 2:22 PM	Cons Rpt: Newmarket Family Therapy Progra	Debbie Bonnell CHAN MIS

Doc ID: 246 Properties: Consultation Report at LHC-N on 08/05/2009 2:22 PM by Debbie Bonnell CHAN MIS

DidClient accept referral at Intake?:
Yes

Appt Date:
06/15/2009

Clientarrived for first appointment?:
Yes

Who did client arrive with?:
Parent

Manner:
Receptive to Care Plan, Cooperative

Client agreed to continue with care plan?:
Yes

For Help, press F1

LinkLogic: Jobs = 10; Errors = 8 NUM



Questions?