

# MHV Secure Messaging - User Feedback Highlights

Here is what I found for the **biggest requests and issues** from reading through the April foresee comments and the past Secure Messaging research done by MHV. Bhanu provided additional information on each item based on the MHV legacy product.

1. **Make the "contacts" list easier to understand and have all providers that the veteran sees available to message.**
  - a. Contacts are triage groups and sent to the lowest level of care that can solve the problem
    - i. Some providers setup a triage group of 1 which means every message goes directly to the doctor
    - ii. Relationships between provider and patient are setup by SM admin
      1. Admin sets up provider and association with patient
        - a. Associations by PCMM, OERR, Clinic or Manual
        - b. All patient associations: standard
      2. Logic runs every 4 hours but could be moved to immediate
    - iii. The naming convention of triage groups is standardized across all facilities
      1. Possible enhancement: Veteran is able to add a nickname
      2. Current feature: Veteran is able to choose which triage groups to highlight when sending a message
  - b. **Add the ability to message the Pharmacy**
    - i. Pharmacy is listed as an option once the association with the provider is complete
2. **Decrease the time it takes a doctor to respond (currently 3 business days before escalation) and inform the veteran what happens when a message is sent**

- a. **Currently the message goes to staff, that routes the message to the provider, who then responds in time**
  - i. Read receipts are shown to the patient but that does not mean the provider read it
  - ii. There is no mandate for providers to have SM, so every provider uses it differently. Responding immediately or waiting until the message is escalated to respond.. the provider determines their standard for response
- 3. **Send an alert before the site times out, auto save messages and provide confirmation the message was sent**
  - a. Typing a message does not count as an activity, which is why the patient is not aware of the session timing out. 25 minutes of inactivity before the banner shows a 5 minute countdown.
    - i. The banner is at the top of the page and not very noticeable, especially if you are in the middle of typing a message
  - b. **There are a lot of complaints about messages going to Drafts when the veteran presses send**
    - i. Save to Draft and Send buttons are right next to each other and could accidentally be pressed, especially if on a small device
    - ii. There were also bugs around auto save and sent to drafts folder, which have been resolved
- 4. **Provide notifications that the veteran received a secure message (email and/or text)**
  - a. Veteran has to turn on email notifications in preferences otherwise they won't receive them
  - b. **There is a 45 day limit on messages, so if a veteran does not respond within this time to the chain, the message is archived.**
    - i. Messages are required to be saved in the patient's record so if the veteran is able to constantly respond to the same message, it becomes too long and confusing in the record.
- 5. **Allow for CC'ing others on the message.**

- a. **Some specialists require PCP approval so the two providers should be messaged at the same time**
  - i. Providers are able to CC in messages, patients are not because one provider has to “own” the message in order to meet the requirement to send back the message in 3 days.

Other things to note:

- **Making SM more like gmail/outlook came up a lot, don't reinvent the wheel, create an intuitive experience without a lot of clicks to send and read messages**
- **Ability to print messages**
  - Print functionality currently exists
- **Increase the number and size of attachments allowed**
  - Uploading large documents can take a lot of time and the site times out before it is complete
- **Have both the phone number and email for providers available so the veteran can easily know who to call if they do not receive a response fast enough**
  - Phone numbers are not currently provided but are available in the facility locator

Info from Bhanu:

- **Spell check**
  - There is nothing in TRM (approved software list) to be used in the national portal, so legacy SM did not include this feature