

A photograph of a middle-aged Black man with a grey beard, wearing a grey sweater over a blue collared shirt. He is sitting on a brown leather couch, holding a tablet computer with both hands and looking down at the screen. The background is a large window with a grid pattern, letting in bright natural light.

# ***Secure Messaging Examples, Documentation and Information***

*June 2016*



**VA**



**U.S. Department of Veterans Affairs**

Veterans Health Administration

## Purpose

The purpose of this document is to provide standardization to the process of saving Secure Messages as a CPRS (Computerized Patient Record System) progress note across VA Medical Centers, and learn the best way to write and respond to Secure Messages.

This tool includes an overview of Secure Messaging, including its benefits, when Messages should be documented, and how to handle issues. Additionally, it covers the best ways to write Messages and provides examples of Messages for common scenarios.

## Introduction

VA is providing training tools for clinical team members to understand what Secure Messaging is and how it operates in order to improve responses from staff to VA patients, and to standardize documentation processes across Medical Centers.

To address how Medical Centers document Secure Messaging, as well as the quality and appropriateness of Messages being shared between health care teams and VA Patients.

VA Patients may choose to enhance access to their Patient Aligned Care Teams (PACT) by selecting to communicate electronically using Secure Messaging, which is available through the My HealtheVet (MHV) Personal Health Record. This form of communication allows VA Patients to collaborate and build a stronger partnership with their healthcare teams in order to improve their health outcomes. The implications of delivering Secure Messages are far-reaching and may influence clinical processes and workflow. Clinical processes and implementation of Secure Messaging documentation vary among and within VA medical facilities; however, Secure Messaging documentation should be consistent at all facilities.

Effective and professional communication with Veterans is a top priority. Regardless, whether a Secure Message is saved as a CPRS progress note or not, the Secure Message is an official part of the legal health record. This includes the internal health care communication comments.

## Using Secure Messaging

Secure Messaging is an important tool available for communication of pertinent facts, findings and observations related to an individual's health status. Secure Messaging is a secure web-based messaging service that allows patients and their health care teams to communicate **non-urgent**, non-emergent health-related information. Secure Messages are likely to communicate a health history including past and present illnesses, examinations, treatments and outcomes. Therefore, Secure Messages are an important health record which documents the care and concerns of the patient and is an important element contributing to high quality care.

## Clinical Secure Messages

For clinically pertinent Secure Messages, a review of the Veteran's medical record is completed by the provider (or qualified non-physician health care professional) and clinical decision making is performed at some level with the care plan being communicated to the patient electronically. Saving Secure Messages to CPRS is ultimately the decision of the clinician. Saved Secure Messages containing any pertinent report related to the patient's health may include but are not limited to *relevant* day-to-day health updates via Secure Messaging communication between patients and staff.

Documenting a Secure Message in CPRS involves three administrative aims: capture as a coded encounter, measure increments of time for work completed or document a simple historical encounter.

Secure Messaging is an acceptable form of professional contact between a patient and a health care team member. A health care team member vested with responsibility for diagnosing, evaluating and/or treating the patient's condition may also measure the work done in an online encounter. The definition of an encounter is evolving into a scenario of a trained clinical staff person and a Veteran interaction – be it phone, visit, or email message. We have programs expanding to provide some level of care remotely – from chart-only consults to telemedicine. Secure Messaging is the newest addition of care delivery models.

Key elements of an online encounter involve:

- A problem focused history plus straight forward decision making to equal CPT code requirements
- Must be an established patient
- Patient initiated (meaning initial message came from the patient not the provider)
- Clinically relevant (same as a face-to-face visit)
- Non-urgent issue
- Cannot be related to a visit within the last 7 days
- Is not within the postoperative period of a completed procedure
- Review of health record by the provider and clinical decision-making
- Treatment plan communicated electronically

Health care team members may choose to select the increment of time encounter method when saving a message to the medical record. This option indicates the estimated time it takes the health care team member to read the message, act upon the patient's request, and respond to the patient in Secure Messaging with the actions taken. This can be used when the Secure Message does not meet the level of elements and level of intensity to receive actual *workload credit*.

# Index

- Change to Medical Condition/Clinical Advice ..... 5**
- Questions Related to a Treatment Plan ..... 5**
- Management of Chronic Disease ..... 7**
- Secure Messages Related to Medication Information ..... 7**
- Sharing of Non-VA Care Documents ..... 11**
- Inappropriate Messages ..... 12**
- Opportunities to Enhance Access through Virtual Care ..... 14**
- Urgent/Emergent Messages ..... 15**
- Additional Guidance ..... 17**
- References ..... 19**

## CHANGES TO MEDICAL CONDITION/CLINICAL ADVICE

Clinical Considerations	Example <i>(Request for consult/referral)</i>
<ul style="list-style-type: none"> <li>New allergy diagnosed by non-VA provider</li> <li>Request for consult/referral</li> <li>Improvement or worsening of condition</li> <li>Reports of new on-set of health issue (i.e., twisted ankle or “green cloudy snot”...)</li> </ul>	<p><b>STAFF MESSAGE TO PATIENT</b></p> <p>You are due for a colonoscopy since your last one was in 2000, with a 5 year follow-up recommendation. Dr. X put the referral in for this so our specialty clinic will be in contact with you to schedule. Let me know if you have questions.</p> <p><b>PATIENT RESPONSE</b></p> <p>No questions, thank you. I’ve been waiting for information on this. Go ahead and schedule me for this and let me know. Thanks again.</p>

## QUESTIONS RELATED TO A TREATMENT PLAN

Clinical Considerations	Example 1 <i>(Communication of any change to a treatment plan)</i>
<ul style="list-style-type: none"> <li>Communication of any change to a treatment plan</li> <li>Education or health coaching provided to Veteran regarding their health issues or treatment plan</li> </ul>	<p><b>PATIENT MESSAGE</b></p> <p>I was recently notified of my upcoming appointment with primary care. This was to follow up on the injection in my knee. Problem is I never got that injection. There was a storm and I didn’t get to the Rheumatologist. The scheduling clerk told me I would get a new appointment but I haven’t heard anything. Do you still want me to come in for this follow-up? Can you find out what happened to my rescheduled appointment for the shot? Thanks.</p> <p><b>STAFF RESPONSE</b></p> <p>We are sorry for any miscommunication. As previously discussed, due to your osteoarthritis in your knee, the injection is part of the treatment plan. Your pain and mobility issues persist despite diet, exercise and oral medication. I have been in touch with the Rheumatology Team and they have you scheduled for next week November 6, 2016 at 1130 a.m. at the X medical center. Because it may take about a month for you to feel the full effect of the injection, we have also set up an appointment for follow up on December 4, 2016 at 9:30 a.m. with me at the XXX VA Clinic to see how things are going after the shot. There is no need to see me this week.</p>

Clinical Considerations		Example 2 (Education or health coaching provided to Veteran regarding their health issues or treatment plan)	
<ul style="list-style-type: none"><li>• Communication of any change to a treatment plan</li><li>• Education or health coaching provided to Veteran regarding their health issues or treatment plan</li></ul>		<b>STAFF MESSAGE TO PATIENT</b> <p>When we talk about your health, prevention is a thing you can do before a problem starts. Please reply to this message with any questions about the following health topics, and we would be happy to discuss them at your next appointment:</p> <ul style="list-style-type: none"><li>• Eating wisely - eating more vegetables, fruits and whole grains or limiting your salt, fat, sugar or alcohol intake</li><li>• What types of physical activities would be good for you</li><li>• Maintaining a healthy weight for your body</li><li>• Screening tests or immunizations you may need</li><li>• Learning how to effectively manage stress</li><li>• How to be safe and prevent falls, injuries and sexually transmitted infections</li><li>• If you smoke, talking with your VA health care team about help with quitting smoking</li></ul> <p>We look forward to seeing you at your next appointment on December 15, 2016 at 9:00 a.m. As always please let us know how we can help you meet your health goals.</p>	



## MANAGEMENT OF CHRONIC DISEASE

Clinical Considerations	Example <i>(Sharing of blood pressure logs; education regarding treatment of disease or disease process)</i>
<ul style="list-style-type: none"> <li>• Sharing of blood glucose logs</li> <li>• Sharing of blood pressure logs</li> <li>• Education regarding treatment of disease or disease process</li> </ul>	<p><b>PATIENT MESSAGE</b></p> <p>Here is the log of my blood pressures taken with the same cheap automatic wrist measuring device. It has the before and after readings when taking and not taking the hydrochlorothiazide.</p> <p><b>STAFF RESPONSE</b></p> <p>Your blood pressure readings look very well controlled after stopping the hydrochlorothiazide. Just continue to monitor your BP at home and let us know if it averages higher than 140/90 in the future. If you would like to consider a new device to monitor your blood pressure, we have a great program that may help. It is called VA Home Telehealth and helps Veterans (just like you) check their health conditions using VA-issued equipment. The results are also monitored remotely by VA staff. It is all available at no cost to you. Please let me know what you think after reading this article: <a href="http://www.va.gov/health/NewsFeatures/20100105a.asp">http://www.va.gov/health/NewsFeatures/20100105a.asp</a>. Thanks.</p>

## SECURE MESSAGES RELATED TO MEDICATION INFORMATION

Save any/all Secure Messages related to medications and allergies/adverse reactions. Secure Messages document continuum of care issues related to medication education and its understanding by the Veteran, prescribing, dispensing, and monitoring.

The safe and effective use of many types of medication requires ongoing risk evaluation. Risks may include but are not limited to allergies, adverse reactions, side effects, interactions, non-compliance, dependence, tolerance, addiction, intentional or unintentional overdose, withdrawal, medication list confusion, and risks to public safety. Secure Messages document these risks and mitigate them by improving communication, care coordination to reduce harm, and optimize partnership with Veterans on medication care.

Secure Messaging supports the defined mandatory monitoring of many medications (such as opiates like Oxycodone, anti-coagulators like Warfarin, and hypoglycemics like Insulin). They are not a simple replacement for the ongoing evaluation required.

Saving Secure Messages regarding the patient's medication use, experience, and care plan ensures continuity and coordination of medication care for all health care team members. To accomplish this, you

must save these Secure Messages in CPRS so the entire healthcare team has access to the information. Messages saved to CPRS are used to create timelines, track requests, evaluate use/non-use, effectiveness and adjust care plans according to clinical practice guidelines that meet each Veteran's individual needs. Secure Messaging helps document adverse drug events or reactions, deviations from the treatment plan, medication reconciliation and/or indications for toxicology tests related to certain medications.

### Clinical Considerations

- Intentional or unintentional overdose of sedating medications like opiates and benzodiazepines are an epidemic causing harm and death to Veterans and the population at large. Any Secure Messages that contain information about these medications MUST be saved as a CPRS Progress Note and interventions must be documented as well
- Any other urgent or emergent care message, with documentation related to the action taken by staff
- Medication-related messages may include information about uncoordinated care from numerous providers, patient confusion, allergies, adverse side effects or reactions and must be documented. For controlled substances risk of overdose, misuse, or diversion may include; reports of medications not controlling pain, description of over sedation, repeated requests for early refills or renewals, multiple providers, medications reported as destroyed, lost, or stolen medications must be documented

### Example *(Potential Risk For: Overdose, misuse, lack of coordinated care)*

#### PATIENT MESSAGE

Hello Doctor: I just came back from St Mark's Emergency Room after falling down at home and spraining my ankle. I have been so tired lately. They gave me Percocet and I'm not sure but I think it's the same as the medication I am getting from you for arthritis in my knees. Now I can't work and every day I am closer to loosing this apartment you all helped me find. So I could use more Percocet to get back to work—it's a great construction job and I'll lose it if I don't go back. Can I pick it up when I come in for my appointment at the PTSD clinic? That's worse too by the way.

#### STAFF RESPONSE

Dear Veteran: I am concerned you fell and sprained your ankle. This is a new problem and cannot be treated over Secure Messaging. Remember also, we have an opioid agreement in place for your Oxycodone that does not permit additional requests above your monthly supply to protect you from overuse. I am also concerned you are tired all the time and that your PTSD is getting worse. I'd like you to come in as soon as you can so we can help you with your symptoms and help you get back to work safely. I will work together with Dr. ZZZ from PTSD Clinic to make sure your medications work together and do not cause you to be sleepy or "over-sedated" which can be dangerous. I have notified our social worker, Jane Doe, to help you get the records sent over from St Mark's and make arrangements to come see me for an evaluation in the clinic. She also can set up free transportation to the clinic if you need it. Please contact her at (XXX-XXXX) as soon as you receive this message and leave your phone number if you get the voice mail. You know if you get worse, you need to come into the emergency room or call 911.



**Clinical Considerations**

- Adverse drug events
- Coordination of care
- Side effects
- High risk medications
- Drugs that commonly require regular outpatient monitoring (i.e., Warfarin)
- Comorbidities (i.e., cognitive impairment, pain, addiction, and PTSD)
- Medication questions (i.e., taking over-the-counter medications, dose changes, etc.)
- Medication use/Compliance
- Health problem changes
- Socio-economic problems (i.e., homelessness)
- Access to care, transportation, etc.
- Medication changes
- Request for new medications
- Reporting new non-VA prescription medications
- New allergy symptom(s) related to medication

**Example** *(High risk medications, over-the-counter medications, comorbidities)***PATIENT MESSAGE**

Hello: I was feeling really sick last week. Still coming in for my Coumadin appointment tomorrow. Last week, I was nauseous on and off, sometimes not able to keep food and fluids down, feeling sluggish. But I am feeling much better now because you know me, I am a Trooper! I am still taking my meds (insulin and warfarin) as scheduled. Blood sugars are mid 100's most of the time. I also took Pepto to help my stomach last week and my stools looked a little darker than usual, but they are normal color now.

**STAFF RESPONSE**

Dear Mr. XXXXX

Thank you for your message. This nausea needs to be checked out soon. Many times any change in medical status (like nausea, vomiting, weakness as well as the change in the color of your stool) in a person with health conditions such as yours requires timely evaluation. Your medication may need adjustment as well. We may need to adjust your insulin dosage and warfarin doses during acute illness. Please do not take Pepto as it contains salicylates which are aspirin-like compounds. You could become at risk for bleeding. With the discoloration in your stool, it is hard to tell if it is medication or bleeding that caused the change. Since you have an appointment in clinic tomorrow, I have scheduled you for a primary care appointment at 1030 instead of your anticoagulation appointment. Please go to the lab first so blood can be drawn BEFORE your evaluation with Dr. ZZZZ. If the dark stools return today or if you feel light-headed/weak, please call 911 to be evaluated urgently.

Clinical Considerations	Example <i>(Medication changes)</i>
<ul style="list-style-type: none"> <li>• Adverse drug events</li> <li>• Coordination of care</li> <li>• Side effects</li> <li>• High risk medications</li> <li>• Drugs that commonly require regular outpatient monitoring (i.e., Warfarin)</li> <li>• Comorbidities (i.e., cognitive impairment, pain, addiction, and PTSD)</li> <li>• Medication questions (i.e., taking over-the-counter medications, dose changes, etc.)</li> <li>• Medication use/Compliance</li> <li>• Health problem changes</li> <li>• Socio-economic problems (i.e., homelessness)</li> <li>• Access to care, transportation, etc.</li> <li>• Medication changes</li> <li>• Request for new medications</li> <li>• Reporting new non-VA prescription medications</li> <li>• New allergy symptom(s) related to medication</li> </ul>	<p><b>STAFF MESSAGE TO PATIENT</b></p> <p>In response to my previous message, my clinical pharmacist reviewed your blood pressure readings which are still higher than the 140/90 target range. It is recommended you start Amlodipine IN ADDITION TO your other blood pressure medications.</p> <p>The medication label will show: AMLODIPINE TAB 5MG Take ONE-HALF TABLET BY MOUTH DAILY FOR BLOOD PRESSURE. A printed medication information sheet will be mailed ALONG with the medication.</p> <p>Let me know if there are any concerns Please keep your next follow-up appointment with Nursing on June 6, 2016.</p>

SHARING OF NON-VA CARE DOCUMENTS

Clinical Considerations	Example (Community Office Visit and Consultation Notes)
<ul style="list-style-type: none"><li>Community Office Visit and Consultation Notes</li><li>Community Hospital/Care Facility Discharge Summaries</li><li>Non-VA lab results</li><li>Non-VA medical and surgical tests and procedures</li><li>Non-VA/outside medication lists</li></ul>	<p><b>PATIENT MESSAGE</b></p> <p>I had my last follow up on my eye surgery in July. I do need to have cataract surgery on my right eye. The doctor thinks this should be done at the VA. Not sure how to do this. I'm attaching the results from the retina center in Springfield.</p>

## INAPPROPRIATE MESSAGES

### Clinical Considerations

- Communication seeking advice or treatment of urgent issue (i.e. chest pain or severed limb)
- Threatening or harassing messages

### Example 1 (*Communication seeking advice or treatment of urgent issue; i.e., chest pain or severed limb*)

#### PATIENT MESSAGE

You know how much I hate using the phone. I am having chest pain, may or may not be angina. What do I do? Should I just call 911?

#### STAFF RESPONSE

**\*\*Upon opening the message, triage staff must immediately enact an emergency response (Example: telephone call/wellness check) to ensure patient safety and create an ongoing plan of action.**

### Example 2 (*Threatening or harassing messages*)

#### PATIENT MESSAGE

I just opened Secure Messaging thinking by now I could communicate easily with THAT nasty dermatologist. You said to tell you who she is and you did nothing; there is still nothing in the pulldown box. Lip service - that is all I get from you. I know my other "doctor" will claim this too is an "inappropriate" use of Secure Messaging. He doesn't want to talk to me so he makes sure to shut up others illegally. Tell that "doctor" to get out of my way and stop interfering with my medical care or else. It appears he has tampered with my Secure Messaging account. Please investigate this evidence tampering. Thanks.

#### STAFF RESPONSE

Thank you for reaching out. I reviewed the Secure Messaging teams to which you are associated. I see that there is indeed a Dermatology team. The team starts with Dermatology in the team name. Dr. XX, the dermatologist, is part of that team. You are more than welcome to send an appropriate message to her via that team. As we have discussed in the past, Secure Messaging with the "other" doctor was not appropriate and violated the terms and conditions for use. The decision was made by the hospital administration to block Secure Messages for a triage group that no longer participates in your care.

Clinical Considerations	Example 2 ( <i>Threatening or harassing messages</i> ) / continued
<ul style="list-style-type: none"><li>• Communication seeking advice or treatment of urgent issue (i.e. chest pain or severed limb)</li><li>• Threatening or harassing messages</li></ul>	<p>As a reminder, we discussed that sending threatening messages to a care provider and using profanity or abusive language violates the Secure Messaging Terms and Conditions. You agreed not to engage in these behaviors on Secure Messaging. I am worried that this recent message also has some of those same elements. Please read the message again and note the name-calling and discussion of previous circumstances that were already resolved. Continuing in this manner is counter-productive. Dr. X is no longer involved in your care at your request and he has no influence on Secure Messaging with other teams.</p> <p>I would like to offer some helpful hints. Many Veterans find it helpful to re-read Secure Messages and imagine themselves in the shoes of the receiver before hitting the SEND button. Secure Messaging is a communication tool that is designed to enhance communication and not cause further stress or insult. A good rule of thumb is to read the message and think: Is it necessary to put all of this information here? Would I want to receive a Secure Message like this? Am I lashing out at someone?</p> <p>I have seen some Secure Messages from you are not productive. On the other hand, I have also seen some that are incredibly informative and appropriate. If you would like to discuss how to craft more appropriate messages when you are stressed, I am here to help as always.</p> <p>Respectfully, MHV Coordinator</p>

## OPPORTUNITIES TO ENHANCE ACCESS THROUGH VIRTUAL CARE

Opportunities to enhance a patient's access by providing virtual care appointments (non-face-to-face appointments). Contact through Secure Messaging may meet the definition of an encounter (a professional interaction between trained clinical staff and a Veteran) if clinical decision making is performed at some level.

Clinical Considerations	Example <i>(Results and interpretation of results for labs, imaging, etc.)</i>
<ul style="list-style-type: none"> <li>• Document a relevant diagnosis/problem and/or assessment</li> <li>• Document history with subjective and/or objective findings related to a the clinical problem</li> <li>• Address the assessment of a problem</li> <li>• Provide a plan of care/plan of action (indicating goals and frequency of interventions to achieve those goals)</li> <li>• Follow-up on a plan of care; e.g. reason for ordering tests, consults or changes in medications, follow-up treatment and patient instructions</li> <li>• Care plans indicating goals and frequency of interventions to achieve those goals</li> <li>• Results and interpretation of results for labs, imaging, etc.</li> <li>• Documenting risks, benefits and potential complications related to interventions</li> <li>• Support reported workload</li> </ul>	<p><b>STAFF MESSAGE TO PATIENT</b></p> <p>Hi, I hope this finds you well. Your pap smear completed last week was NORMAL -- however, we did not get endocervical cells from the inside of the cervix, which commonly happens. The Society Guidelines that inform Pap smear response (ASCCP) recommend a check of HPV (Human Papillomavirus) if no endocervical cells are obtained; so we did also test the sample for HPV. Your HPV is NEGATIVE; next pap will be due in 3 years. Here are the guidelines for the Pap if you wish to read more: <a href="http://www.asccp.org/Assets/51b17a58-7af9-4667-879a-3ff48472d6dc/635912165077730000/asccp-management-guidelines-august-2014-pdf">http://www.asccp.org/Assets/51b17a58-7af9-4667-879a-3ff48472d6dc/635912165077730000/asccp-management-guidelines-august-2014-pdf</a>. Let me know of any questions.</p>



## URGENT/EMERGENT MESSAGES

If a Secure Message demonstrates an urgent or emergent need, it must be addressed with the most appropriate and timely response from staff. Secure Messaging documentation of urgent/emergent issues can then include plans, discussions and resource sharing to reinforce other more emergent communication modalities (i.e., telephone, clinical video-conferencing, etc.).

### Clinical Considerations

- Actual or potential suicidal/homicidal behavior **MUST** be saved as a CPRS progress note and interventions must be documented as well
- Any other urgent or emergent care message, with documentation related to the action taken by staff

### Example 1 (*Actual or potential suicidal/homicidal behavior*)

#### PATIENT MESSAGE

I am at a loss. Losing my wife is too much to bear. It's been 11 months, things aren't any better. I know I say things are OK because that is what everyone wants to hear. I have saved up a bottle of my sleeping medication and plan to take the bottle on the anniversary of her death. I have an appointment this week with my social worker. I want to let her know what I am going to talk about. This isn't a reflection on her, it is me.

#### STAFF RESPONSE

**\*\*Upon opening the message, triage staff must immediately enact an emergency response (Example: telephone call/wellness check) to ensure patient safety and create an ongoing plan of action. Patient should not be contacted via Secure Messaging as this is considered an urgent issue.**

NOTE: A *follow-up* Secure Message response (example below) can *recap* the immediate actions taken by staff and provide written resources for the Veteran:

Thank you for taking my call today, responding to the wellness check, agreeing to stay with your son today at his home, and allowing him to mind your medications. I am including the resource that we spoke about as well: <https://www.veteranscrisisline.net/>. This is the Veterans Crisis Line which connects Veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can call **1-800-273-8255** and **Press 1**, [chat online](#), or send a text message to **838255** to receive confidential support 24 hours a day, 7 days a week, 365 days a year. I look forward to seeing you and your son in my office tomorrow.

Clinical Considerations	Example 2 (Any other urgent/emergent care messages)
<ul style="list-style-type: none"><li>Actual or potential suicidal/homicidal behavior <b>MUST</b> be saved as a CPRS progress note and interventions must be documented as well</li><li>Any other urgent or emergent care message, with documentation related to the action taken by staff</li></ul>	<p><b>PATIENT MESSAGE</b></p> <p>I have many questions, concerns regarding the booklet given, our discussions, etc. This is how I feel: confused, unsure, withdrawing and I thought safe. Some of that written stuff does not apply to me. I am feeling overwhelmed therefore only read a little bit this time; it's too much. Some stuff does apply and some stuff does not apply. How do you know? If you put stuff in the file, are other providers going to think I'm a loser or worthless? Maybe I should just "check out" because having to label my feelings is overwhelming.</p> <p><b>STAFF RESPONSE</b></p> <p>Thank you for reaching out. I am following up on our brief conversation today. You stated, "I feel safe, just a bit overwhelmed at the time I wrote that message". You requested I write my response, so you could "digest it."</p> <p>Yes, I was pretty sure that some of the information in the booklet would not apply to you. It covers a wide range of ways dissociation causes problems for people. I am glad you are putting the booklet down when it feels too overwhelming. My only assessment is that dissociation is causing serious problems for you and we need to find a way to help with that. Other than that, my plan is for us to sort it out together. You know yourself much better than I do, so you will be able to help me know which things apply to you. The booklet provides some suggestions that I think will be helpful to us. I know you are always worried that people will think bad things about you if they know you have a problem or a "diagnosis." Having dissociation does not make you a worthless person. Other providers will not think bad things about you. We can talk more about this when we meet this week.</p>

## Additional Guidance

Additional guidance to assist in the management of Secure Messages:

1. **Escalated Messages:** Escalated messages have the highest priority. Secure Messaging Triage Team Members review the messages upon log in and resolve or reassign them accordingly. The Secure Messaging application automatically places messages into an Escalated folder after three (3)\* business days. All team members are notified when a message has escalated. Each Secure Messaging Triage Team must have a least one designated staff responsible for reviewing and managing all escalated messages.  
*\*Timing is subject to change.*
2. **Inappropriate Use:** On rare occasions, patients have used Secure Messaging inappropriately. In such cases, it is recommended that the provider discuss the issue with the patient directly. Do not utilize Secure Messaging to communicate with patients about inappropriate content, since it may reinforce the problem. Secure Messaging Triage Team Members should reach out to a patient by telephone or face-to-face to discuss inappropriate use of Secure Messaging. If a patient continues to demonstrate inappropriate use, the provider can discuss the case with the facility Disruptive Behavior Board for guidance on appropriate actions to address the issue including discontinuing a patient's access to Secure Messaging.
3. **Blocking Patient Access:** A patient may have their access to Secure Messaging blocked if they continue using Secure Messaging in an inappropriate manner after receipt of a warning. However, this should be a very rare event. In a convincing case of inappropriate use (i.e., messages which include threats, inappropriate requests, or abusive language), it is recommended that the facility's Disruptive Behavior Board be contacted for guidance and appropriate procedure for blocking patient access to Secure Messaging.
4. **Emergent/Urgent Issues:** While Secure Messaging is not meant to be used for urgent issues and emergencies (e.g., chest pain), there are likely to be rare instances of such usage. Secure Messaging Triage Team Members should have a pre-determined process for addressing urgent messages, and ensure that all team members are aware of their expected actions. Once an urgent issue is seen in a message, the patient must be contacted immediately, and the patient's provider must be informed right away. If the patient cannot be reached by telephone, call any identified contact. With an emergency, follow the facilities policy which may include actions such as a welfare check by police. Do not respond to an urgent message using Secure Messaging. If time has passed since the message was sent, review the patient's record to determine if the patient was contacted or seen (clinic or emergency room). After the issue is resolved, the patient should be educated about appropriate use of Secure Messaging. Remember to complete the message as well as save it to CPRS (ideally with a note addendum stating what occurred).
5. Due to the unique nature of Secure Messages and the ability for Secure Messages to contain information relative to the care and treatment of the Veteran, every message is determined to be part of the health record even though it may not reside within CPRS. Veterans may request copies of every communication via Secure Messaging. Veterans may also view selected messages if deemed relevant and saved to CPRS after January 1, 2013. These Secure Messages are viewable in My HealthVet VA

Blue Button under VA Notes.

6. Guidance for communication with Veterans includes:

- Connect with the Veteran using an appropriate greeting
- Identify and acknowledge the Veteran's concerns in your response
- Create a complete and meaningful response
  - Focus on the "Who, What, When, Where, Why and How"
  - Avoid routine responses deflecting the message... "Your message was sent to your provider"
  - Work towards first touch resolution or reassignment to the most appropriate staff member
- Write simply and avoid clinical jargon
- Explain clinical terms
- Keep the tone authoritative, but friendly
- Avoid the appearance of chastising Veterans via Secure Messaging if using inappropriately; tone and intent may be lost in translation (i.e., "You sent this to the wrong team; I am the only nurse here today so please be patient")
- Explain the next steps, and empower the Veteran to participate in their care
- Sign the message with your name and role

## References

Health Information Management (HIM) Service Secure Messaging Workload Credit Fact Sheet (April 2015)

[https://vaww.vha.vaco.portal.va.gov/sites/HDI/HIM/vaco\\_HIM/subsite5/subsite3/Fact%20Sheets/2014\\_0601\\_FactSheet\\_SecureMsgWorkloadCredit.docx](https://vaww.vha.vaco.portal.va.gov/sites/HDI/HIM/vaco_HIM/subsite5/subsite3/Fact%20Sheets/2014_0601_FactSheet_SecureMsgWorkloadCredit.docx)

VHA Handbook 1907.01 Health Information Management and Health Records

[http://vaww.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=3088](http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=3088)

VHA Directive 1082 Patient Care Data Capture

[http://vaww.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=3091](http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=3091)

Secure Messaging Tactical Guide (March 2014)

[http://vaww.oed.portal.va.gov/development/target/veteran\\_health/myhealthvet/SMChampions/SOPsProcess%20Guidelines/Forms/AllItems.aspx](http://vaww.oed.portal.va.gov/development/target/veteran_health/myhealthvet/SMChampions/SOPsProcess%20Guidelines/Forms/AllItems.aspx)

Just-In-Time Training for Secure Messaging Workload Credit (April 2015)

[http://vaww.va.gov/MYHEALTHEVET/docs/mhv\\_coordinator\\_connection/WLC\\_April\\_2015\\_Ed\\_Sessions.pptx](http://vaww.va.gov/MYHEALTHEVET/docs/mhv_coordinator_connection/WLC_April_2015_Ed_Sessions.pptx)

Patient Information Guide: “Taking Opioids Responsibility for Your Safety and the Safety of Others” — Available through iMedConsent or at: [http://www.ethics.va.gov/docs/policy/Taking\\_Opioids\\_Responsibly\\_2013528.pdf](http://www.ethics.va.gov/docs/policy/Taking_Opioids_Responsibly_2013528.pdf)