Direct Messaging: Are We There Yet?

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Abstract

Problem Statement: BSWH implemented C-CDA as CMS requires all eligible hospitals participating in the Medicaid Electronic Health Record (EHR) Incentive Programs to use Direct Messaging technology in transmitting summary of care records when transitioning or referring patient care. **Methods**: *Planning and Analysis* 1) STEEEP Analytics Team provided subject matter expertise in MU regulations 2) CMIO and Clinical Informatics Team provided direction on what clinical data set will be part of the discrete information transmitted through Direct Messaging. *Designing and Building/Testing and Implementing*: 1) EHR Vendor provided BSWH a designated Direct address 2) IS EHR Clinical Documentation configured the C-CDA document 3) IS EHR Security Team configured internal and external addresses in EHR as well as provided access to resources involved with the Inbound and Outbound management of the Direct Messaging workflow 4) IS EHR Report Team developed the MU dashboard, reports and the integration with the provider network 5) IS EHR Education/Training Team delivered new clinician workflows *Evaluating /Maintenance/Supporting*: 1) STEEEP Analytics Team provided validation and ongoing monitoring for problems/issues and MU compliance 2) IS EHR Clinical Documentation Team provided ongoing monitoring of Direct Messaging transmissions 3) HIM-EMPI team match Inbound direct messages to an existing patient account 4) Enterprise Care Coordination team sends out Direct Messages to providers expecting Summary of Care 5) IS EHR Clinical Documentation and Security Teams maintain new/changed internal and external addresses in EHR; provide ongoing support to users with technical issues or new provider partners. **Results**: 1) C-CDA provided outpatient providers a snapshot of key information and the ability to assume care without combing through hundreds of pages of records. 2) Next providers of care were able to quickly identify patients in need of additional intervention to prevent readmissions and other issue.s 3) Providers depend less on faxed documents. 4) No direct benefit for inpatient physician because another health information exchange tool was introduced in their workflow (global viewer). 5) BSWH NTX Region successfully reported for MU1 and MU2. 6) At discharge, patient's summary of care (C-CDA) is available to view in Patient Portal. 7) Direct Messaging was used to send data to a health registry. **Significance**: CMS requires all eligible hospitals participating in the Medicaid Electronic Health Record (EHR) Incentive Programs to use Direct Messaging in transmitting summary of care records when transitioning or referring patient care. Beyond regulatory use, BSWH have leveraged this technology as a means to establish partnership with other healthcare organizations, improve patient care coordination, and benchmark care.