

## Provider / Patient email Communications Outline for Discussion

### **Definition e-Visit**

Provider patient e-mail (electronic mail) is the computer-based communication between providers and patients within a professional relationship, in which the provider has taken on an explicit measure of responsibility for the patients care.<sup>1</sup>

### **Purpose**

- Effective communication among providers and patients
- Greater continuity of care
- More timely interventions
- Convenience to the patient and provider

### **Identify 'Owner' of the Process**

Who will be the go-to person for decision making, continuity, documenting, etc this component of patient records?

### **Identify Target Audience**

Which patients will be given the option to use e-mail communication with their provider? For example,

- Non-emergency needs
- Current acute problems or documented chronic conditions?
- Appointment scheduling
- Patient education

### **Criteria**

What criteria will be used to determine patients eligible for email option?

- Patient has a pre-existing relationship with the provider demonstrated by at least one office visit within the last six months.
- Patient has authorized e-mail communications. (Where will this be filed? Will an alert be created in the EMR to notify providers and authorization is on file?)
- Patient has provided his personal e-mail address to the clinic.
- Patient has initiated the e-mail conversation.
- Appropriate subjects for e-mail conversations may include:
  - Prescription refills
  - Appointment scheduling
  - Lab results
  - Provider network information / clinic services
  - Billing information

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<sup>1</sup> American Health Information Management Association. E-Mail As a Provider Patient Electronic Communication Medium and Its Impact on Electronic Health (AHIMA Practice Brief). (October 2003)

Subjects **not** appropriate for e-mail conversations include:

- New diagnoses
- Workers compensation injuries and disabilities
- Bad news
- Anything urgent

**When does an e-mail correspondence become included in the patients electronic medical record?**

- When the e-visit message exchange replaces an office visit
  - this must document the patient history, provider assessment and plan, including an element of decision-making, and is adequate to the information provided supports the assessment and plan.
- Other?

**How to attach the e-mail correspondence to the patient's record in the electronic medical record or paper record?**

**How will you document the following scenarios?**

- After receiving the e-mail from the patient, the provider request the patient to attend either the clinic or another, medical facility.
- After the provider replies to an e-mail from the patient and the e-mail is returned to the sender when the address is incorrect, outdated or the patients e-mail server rejects the message
- When the clinic determines that the patients privilege of using e-mail communication is terminated (i.e. if the patient frequently misuses the service, or demonstrates that there is not an adequate level of computer literacy to make this tool effective and appropriate) how will you notify the patient?

**Privacy / Confidentiality Considerations:**

- Patients will receive written educational materials about the appropriate types of e-mails and the required formats for e-mails.
- Patients will be required to pre-authorize e-mail communications with them
- Patients will be reminded to use the personal e-mail addresses for their e-mail communications with providers. E-mail addresses at their employers' address or domain are not considered confidential.
- Patients must initiate the e-mail conversation with the provider. To limit the likelihood of an incorrect e-mail address, the provider will "reply" to the e-mail originated by the patient.
- Patients will be encouraged to originate e-mails to the clinic through the clinic's website browser. This will generate an e-mail to the clinic's e-mail address, and open a template for the patient to generate their e-mail request.
- Will group e-mails be permitted from the clinic to multiple patients? For the purposes of notification of clinic events or new services, office closures etc? How will the recipient e-mail addresses be protected?

**Security Considerations:**

- Reply to patients e-mail communication; providers are not to initiate email communication with the patient (reduce the likelihood of errors in the e-mail address)
- Do not attach documents to the e-mail; attached documents stay on a hard drive present a risk for unauthorized access and breach of confidentiality.
- Providers must reply to e-mails from the clinic e-mail domain name accessed either on site at the clinic or through remote access to the clinic network.

**Documentation Standards**

Templates will be used to ensure documentation standards. Routine and periodic averaging of e-mail communications will be used to ensure documentation standards and updating the associated policies and procedures.

**Audit methodology**

Who is the responsible staff person for this task? Audit e-mail correspondance for :

- Appropriate customer service
- Quality of care provided
- Quality of the response provided
- Patient privacy and confidentiality
- Adherence to applicable guidelines
- Follow-up on e-mail messages returned due to incorrect addresses

**Exclusions**

List criteria for exclusions.

**Sample template (generated on the organization website) e-mail from the patient:**

To: (clinic address is populated here from website)

From: (patient enters patient's personal email address here)

Attention: (provider name – ideally from drop down list. This can generate the email to be directed to the provider's inbox dedicated to receiving mail from patients)

Subject: (patient to enter topic of email)

This email does not contain an emergent or urgent request for acute medical concerns. I understand that the Clinic will normally respond to email communications within \_\_\_\_ hours (or business days). If I have not heard from the Clinic by this time, I will phone the Clinic. This email communication may be read by someone that the provider has assigned to preview or respond to in his absence.

Patient's Message:

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**Auto response from the Clinic**

We have received your e-mail. The Clinic will normally respond to email communications within \_\_\_\_ hours (or business days). If you have not heard from the Clinic by this time, please phone the Clinic at \_\_\_\_\_. This email communication may be read by someone that the provider has assigned to preview or respond to in his absence.

**Sample template of responding e-mail from the provider:**

Reply To:       • Use “Reply” button  
                  • include the original e-mail at the bottom of this e-mail

From:            Provider’s email address using Clinic domain name

Subject         (from Patient’s subject line)  
                  This Confidential Communication Contains Information Protected by  
                  Provider Patient Privilege. This communication may / will be included in  
                  your personal electronic health record at this Clinic.

Thank you for your e-mail of (insert date).

Response:

Please acknowledge that you have received this message by using the  
“Reply” button and typing “message received” in the subject line

This message is intended only for the use of the addressee and may  
contain information that is privileged and confidential. If you are not the  
intended recipient, you are hereby notified that any dissemination of this  
communication is prohibited. If you have received this communication in  
error, please notify us immediately by phone at \_\_\_\_\_.

**Patient Authorization for E-Mail Communication SAMPLE**

- I would like to communicate by e-mail with my provider.
- I have been provided information guidelines for e-mail with my provider and have been given the opportunity to ask questions.
- I understand that my email authorization and a copy of the e-mail guidelines I have received will be called my permanent medical record.
- I agree to follow the guidelines for e-mail communication of my provider and will use e-mail for nonemergency purposes only.
- I agree to inform this office in writing if my e-mail address changes.
- I understand that the Clinic will normally respond to email communications within \_\_\_\_\_ hours (or business days). If I have not heard from the Clinic by this time, I will phone the Clinic. This email communication may be read by someone that the provider has assigned to preview or respond to in his absence.

My current e-mail address is

Signature

Date

Print full name.

Date of birth.

Witness

**Change of e-mail address**

This is to inform you that my e-mail address is changed.

My e-mail address has changed from.

My e-mail address has changed to.

I confirmed that this is a private e-mail address that is not provided by an employer.

Signature

Date

Print full name

Date of birth

Witness

This publication provides general guidance for a Medical Office. Consultation with your Information Systems, Health Records, and Privacy Office is recommended. For additional assistance, contact Information Managers.

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